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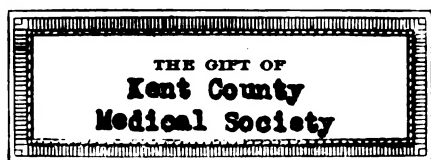
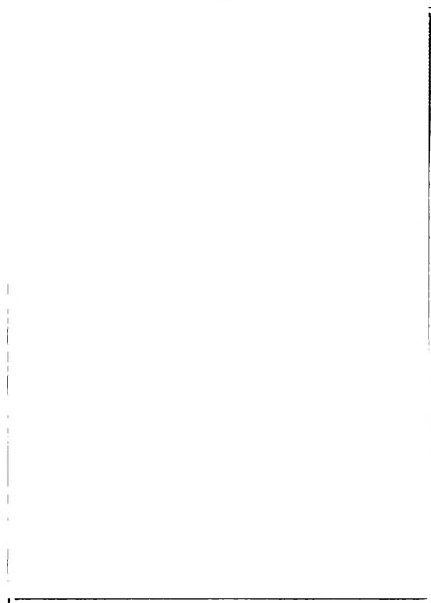
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THE CINCINNATI  
**LANCET-CLINI**

A WEEKLY JOURNAL OF  
  
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EDITED BY

J. C. OLIVER, M.D.      L. S. COLTER, M.D.

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# LIST OF CONTRIBUTORS.

## VOLUME XXVIII.

- W. R., Cincinnati, O.  
S. C., Cincinnati, O.  
J. M., Philadelphia, Pa.  
JESSIE, Cincinnati, O.  
DR. C. E., Cincinnati, O.  
DR. JULIA W., Cincinnati, O.  
R. TRAVIS, Cincinnati, O.  
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# CINCINNATI LANCET-CLINIC:

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## Original Articles.

### A FEW PRACTICAL POINTS CONCERNING THE REPAIR OF THE PERINEUM.

A Paper read before the Academy of Medicine,  
October 26, 1891,

BY

GUSTAV ZINKE, M.D.,  
CINCINNATI.

There is, perhaps, no accident more common to a woman who has given birth to one or more children than laceration of the perineum. Fortunately the degree of rupture is not always sufficient to disturb the natural relations of the pelvic floor and the structures resting within and above it.

Again we observe, not unfrequently, that an extensively lacerated perineal body does not cause a serious displacement of the organs supposed to depend on its integrity for support. There are, however, numerous cases, ranging from a comparatively small rent to a complete destruction of this important structure, in which a series of complications follow as a consequence. Whether primarily or secondarily it has caused or assisted in the displacement of the vagina, rectum, bladder, uterus and even the small intestines, is not to be considered this evening. My sole object is to speak of what has impressed itself upon my mind as the best method of operating, how to proceed, and what sutures to employ to obtain the best results. I have faithfully followed in this operation the teachings of Simpson,

Emmet, Sims, Thomas, Hegar, Bischoff, Martin, Skene, Winkel, Simon, Jenks, Tait, Palmer and Reamy with varying results. Thus I have been taught that it is an error to follow the method of any one man in all cases; that some of the operations, Bischoff's, Simon's, Simpson's and Winkel's are absolutely useless; that all "paring" methods are faulty and not scientific; that perineal sutures alone are unsatisfactory, and the use of silver wire is an extreme nuisance.

Of all the operations implying removal of tissue the Hegar method has given me the best results, when both the vaginal and perineal or stair-sutures (Etagennath) were employed. (It is but just that here I should refer to the fact that long before the vaginal sutures were employed and suggested by Hegar, Prof. C. D. Palmer, of Cincinnati, used it in many of his cases in which I assisted him.)

In a few cases, those in which there exists extensive prolapse of the posterior vaginal wall, and the patient having passed the menopause, I still resort to the Hegar operation, but bring the denuded surfaces in apposition with a continued cat-gut suture. The results obtained have been eminently satisfactory, except in one case, upon which I was obliged last year to operate a second time for procidentia after an interval of ten years, and again the prolapsus is gradually returning. In nearly all of the cases operated upon in women who subsequently gave birth to a child, and in whom I removed the "flap," rupture of the perineum recurred during labor. The same I have

observed in several instances operated upon by others.

About three years ago I began the so-called "flap-splitting" operation, in connection with the continued catgut suture, as employed by Martin, of Berlin. Up to date I have performed this operation twenty-five times, with uniformly highly satisfactory results. Eight of these women have since been delivered of a child, four by myself, and no appreciable damage to the perineum could be found in any of them.

The Tait "split-flap" operation I have not done until recently, performing it twice during the last month. So far the results have been good, but Tait's method also admits of improvement. Of this later on.

To determine which is the best method to be pursued in the restoration of a lacerated perineum we must ascertain which of the numerous operations devised will give us the most natural perineal body. The operation which will bring into apposition and reunite the structures torn is the one to be adopted. It is extremely doubtful whether this is ever accomplished in any case; but that this object may be attained to a greater or less degree will be admitted by all who are familiar with the various operations for the relief of this injury.

All operations which consist chiefly of "paring" the vulvo-vaginal mucous membrane and of the removal of the flap and cicatricial tissues closing the rent, are, as I have already stated, inefficient, faulty and unscientific, and should be abandoned. The operation which will bring, as nearly as possible, into their normal relations, muscle to muscle, connective tissue to connective tissue, integument to integument, without loss of tissue, will prove itself to be the most scientific. Can this be done? Yes! Let us look for a moment at the anatomy of the parts involved.

If laceration in a given case took place up to or even into the sphincter ani, we would observe, on either side, from before backward, (a) the torn surfaces of vaginal mucous membrane, (b) constrictor vaginae, (c) the sphincter ani. Externally, the integument and

subcutaneous tissue, (though this not always) as well as the ligaments, nerve and blood-vessels found within the perineal body. Immediate careful suturing will at once place these structures into their normal relations, secure union by first intention, and a sound perineum will be the consequence.

FIG. 1.

If healing of the tear is secondary, the structures partially unite by subsequently yielding cicatrices, and, of course, the result is bad. If no attempt is made to unite the fresh rent, the torn ends of the muscles, blood-vessels and nerves retract; swelling and inflammation of the connective tissue, followed by granulations, takes place. As cicatrization goes on, the margins of the torn vaginal mucous membrane and of the integument marking the rent externally, gradually approach each other, and, with the cicatricial tissue between them, close up the wound. There is no possibility of a reunion of these parts after that, except by operative interference.

From this process of healing by granulation and cicatrization it is more than evident that the simple removal of a piece of mucous membrane and the cicatrix which covers the tear is not adequate to join the separated muscles of the one side to those of the other.



A certain amount of union is obtained, it is true, and for a time it appears as though the object sought had been attained. A careful search into the subsequent history of these patients will, in course of time, reveal a return of the trouble in many, if not all, the cases. This is my experience, and it is by no means unique.

In order to bring the structures, as much as possible, into their former relations, we must dissect down deeply, quite beyond the mucous membrane within the vagina, the cicatrix within the vulva and the line of demarcation between it and the integument externally. Such a dissection will bring the severed perineal muscular apparatus into apposition, if properly sutured, even when the "flap" is removed. But the removal of so extensive a flap is not a wise thing to do, especially when the patient is still within the child-bearing period. In cases where this plan is pursued sexual intercourse alone is sufficient to destroy the prospect of a permanently good result, and, in the presence of a hyperplastic uterus, yielding of the cicatrix by pressure from above, is an additional natural consequence which tends to destroy the newly-formed perineal body, because of an abnormal amount of tension created by the removal of the large and extensive "flap" necessary to reach the muscular mass beneath it. For these reasons it is much better that the flap should not be removed, but, like the newly-exposed sides of the perineal body, its raw surfaces should be united, so that the fold created points forward, and serves as a projecting and supporting buttress during intercourse, labor, as well as against any undue pressure from above.

As to the manner of suturing, and the material to be employed for this purpose, I pronounce myself unhesitatingly in favor of the deep and superficial cat-gut suture (Etagennath). This suture has superior advantages over the silver wire, silk or silkworm-gut, and none of the disadvantages pertaining to them. The disadvantages common to all except the cat-gut, is that they must be removed sooner or

later, and if they cannot be reached they will be discharged by suppuration, which, just to that extent, will lessen the good effects of the operation. Vaginal sutures (high up) which require removal, are often permitted to remain, because they cannot be conveniently approached. They are then a source of irritation and annoyance to the patient, perhaps also to the husband, to say nothing of their deleterious influence upon the operated region. When deep perineal sutures alone are resorted to, we fail to approximate the denuded surfaces of the wound; second, the perineal body is drawn into a shape foreign to it; third, they cut into the integument externally; and fourth, if of silver wire or silkworm-gut, the projecting ends annoy the patient when she turns in bed or uses the vessel, and they too make it difficult and painful to clean the parts thoroughly. Again, when the denuded surfaces are not perfectly adapted to each other, vaginal secretions will then bury into the space and thus prevent union. In other instances cysts have developed within the perineal body, no doubt in consequence of an imperfect coaptation of the parts. The continued deep and superficial cat-gut suture, properly prepared and sterilized, gives invariable satisfaction in my hands in perineorrhaphy, colporrhaphy, trachelorrhaphy and cervix amputation. With this suture every particle of the surfaces to be brought together is firmly held there until union is secured. Little or no discharge is apt to enter from the vagina, even when the flap is removed. When the flap is permitted to remain, there is, of course, no danger at all from that source.

The fold resulting from the flap soon contracts into a firm mass over the newly-approximated halves of the perineal body, and assists in a permanent union by securely cementing the vaginal line of junction. Whatever function the vagina and perineum may be called upon to perform thereafter, the prospects are that they will submit and stand the strain as though an injury had never existed. The cat-gut sutures do not require removal. They disappear spon-

taneously in the course of three or four weeks.

The "split-flap" operations which I have done, is, first, a modification of the Hegar operation and second, the Tait method. In the former I dissect off deeply, deep enough to get down on the muscular tissue, procuring, as Hegar does, a triangular surface, pointing with its apex to the posterior cul-de-sac, and with its base to the fourchette. The flap thus secured is thick and firm, and is not removed.



FIG. 2.—Shows line and extent of incision externally.

The base of the flap is seized in the center of its base by a sharp hook and is then drawn forward. Thus a tetrahedronal cavity is produced, the apices of which unite at the vaginal extremity and the bases towards the vulva. Two of these triangles, Fig. 3, (*a* and *b*), are formed by the flap, the other two (*c* and *d*) by the surfaces which will unite the perineal body. These four surfaces I now bring into apposition by one continued cat-gut suture, so that the surface of triangle (*a*) is joined to the surface of triangle (*b*), and the surface of triangle (*c*) to triangle (*d*). The triangles (*c* and *d*) will form the perineal body. The triangles (*a* and *b*), which represent the flap, form the buttress spoken of above. The suture is commenced by fixing its end to a point close to the apices of triangles (*c* and *d*), and from

here it is carried towards the base of the tetrahedronal cavity, uniting on its way downward apex (*a* to *b*) and (*c* to *d*).



FIG. 3.—Shows the cavity of the wound, flap being drawn forward by tenaculum.



FIG. 4.—Represents the incision in Tait's operation.

Tait's "split-flap" operation has never been fully understood from any description that has hitherto been given. I have never had a clear conception of it until I had the opportunity of seeing it performed by himself and his associate, Christopher Martin. Tait's method is best adapted to those cases in which the

rent extends into and even beyond the sphincter ani muscle, though the principle of his method is applicable to all operations necessary to restore the perineum.

Fig. 4 represents an extensively lacerated perineum<sup>(1)</sup>, one in which but a partition seems to be left between rectum and vagina. The septum is first divided to the depth of one inch and a half, as the case may require. Mr. Tait proceeds as follows: With one or two fingers in the rectum, one blade of a pair of elbow scissors is introduced longitudinally at (a) to the necessary depth. It is then carried transversely across the septum and its point brought out again at (b). This is done with one, sometimes with two cuts of the scissors.



FIG. 5.—Represents the distended wound after incision according to Tait's method. The letter *b* in right upper corner should be an *f*.

The one blade of the scissors is then again introduced at (a) and the tissue divided to point (c). A similar cut is then made from (b) to (d) on the right side. This is followed by another from (a) to (e) on the left, and from (b) to (f) on the right side. The cut, (a) to (b), separates the posterior vaginal wall from the anterior rectal; (c) to (e) and (d) to (f) expose the remaining portion of the transverse perineal, bulbo-caver-

nosus and sphincter muscles of the anus. If the wound thus made is pulled apart with the hands, from side to side, we will notice a gape, as shown in Fig. 5.

The bleeding which follows is, as a rule, quite profuse, but not alarming. The bleeding vessels are ligated. Sometimes twisting is sufficient to stop the hemorrhage. The sutures (Mr. Tait uses silkworm-gut) are introduced (Fig. 5) by passing a perineum needle from the perineal margins of the wound of the left side deeply into its structure to be brought out at the apex of the wound cavity, of the same side, reintroduced at a corresponding point on the opposite side, passed deeply through it in the same manner and brought out exactly opposite the point of entrance on the left side. From three to five sutures are thus inserted and tied, so that, as nearly as possible, the triangle surfaces (a) (b) (c) and (d) (b) (f) are placed in apposition. The triangle (c) (b) (f) is forced towards the vagina; triangle (a) (b) (d) towards the rectum.

It cannot be denied that this operation is a very ingenious one, and commends itself very highly in cases of extensive tears. If union takes place by first intention, a large and firm perineal body is the result. But I have reason to doubt whether Mr. Tait, or anybody else, secures union *per prima intentionem*, even in the majority of cases, when this mode of suturing is employed. Of this I am certain, that in not a single case operated upon in my presence while with him in Birmingham did Mr. Tait, nor Mr. Martin, succeed in bringing the perineal integumentary border of the wound into absolute proximity; every one of them showed a gape, from one-quarter to one-third of an inch in width, throughout the whole length of the wound.

As Mr. Tait and his followers have claimed excellent results for this method, I followed his mode of operating in two of my cases during the last month. In both, the "gaping" could not be prevented, and, while the final result was satisfactory, I must confess that neither recovered as rapidly as those of my cases in which I employed the con-

<sup>1</sup> The artist failed to show extensive laceration.

tinued catgut suture. The delay, no doubt, being caused by a failure of complete union, the result of the impossibility of perfect coaptation of the wound surfaces, with sutures of this kind. In all of my former operations the wound healed completely within two weeks. In the two Tait "split-flap" operations four weeks passed before union of the wound was perfected. As I believe the manner of suturing to be the fault of this delay, I am inclined to modify Tait's perineorrhaphy by resorting, in my future operations, to the continued catgut suture in connection with the same.

[FOR DISCUSSION SEE P. 8].

#### A NEW TREATMENT FOR COMPOUND FRACTURES.

According to the London correspondent of the *New York Medical Record* (November 14, 1891), Mr. Mansell Moullin read a paper before a recent meeting of the Clinical Society of London in which he advocated the treatment of compound fractures into joints by immersing the injured part in a bath of corrosive sublimate at the temperature of the body. If the accident were recent and the wound clean, the strength of the solution should be 1 in 10,000, with a few drops of hydrochloric acid added, and two hours' submersion night and morning would be sufficient. If, on the other hand, the injured part was foul, or some time had elapsed, and inflammation had already set in, the bath should be continuous, night and day, for forty-eight hours, and the strength of the solution should be 1 in 1000 for the first two. Over thirty primary cases of severe injury had been treated in this way with perfect success, except in two instances, in both of which the failure was traced distinctly to an escape of sewer-gas. Almost the same could be said of the secondary cases; but in one, in which a period of five days had been allowed to elapse, a secondary abscess formed (without a rigor or other sign of pyæmia) in the iliac fossa on the opposite side of the body.—*Therapeutic Gazette*.

#### INTUBATION OF THE LARYNX.

##### REPORT OF FIVE CASES.

A Paper read before the Cincinnati Medical Society, December 8, 1891,

BY

W. D. RICHARDS, M.D.,

DAYTON, KY.

My object in consenting to report these cases to-night is the hope that it might inspire confidence in the operation of intubation among those who have been halting between two opinions (as I myself have been until recently), and by so doing be the means of saving some precious lives.

Since I first heard of "Tubage of the Larynx" I have been favorably impressed with it, but there seems to be but little to encourage those who have not practiced it to prepare themselves for, and make themselves proficient in, the operation. Literature upon the subject is extremely difficult to find, and what little there is does not seem encouraging, and when making inquiry of those whom we have learned to consider informed on all things pertaining to the prolonging or saving of life, we then also find but little to encourage us.

One prominent surgeon of this city, in whom I have great confidence, when I asked him his opinion of intubation, said that he had intubated the larynx quite a number of times, but had been successful in but one case so far as saving life was concerned; he said it was quite a difficult operation, both in introducing the tube and extracting the same; and that he had found it much easier to put the tube in the stomach than it was to introduce it in the larynx; but still he thought that every physician should prepare himself for intubation, as doubtless it *might* succeed in some cases, and the friends of the patient would *think* you were doing something.

In an article on croup in the "Reference Hand-Book of Medical Sciences," the author, in speaking of intubation, says: "Tubage of the larynx is not a practical method of relief, especially in children, although successful cases are reported. . . . The ob-

jections to it are the difficulty in introducing and retaining the tube, the liability to produce ulcerations, and the inability to clear the trachea and parts below."

In view of such reports, it is not strange that those who have not had any practical experience with intubation should decide to follow in the old rut, and depend entirely upon medical treatment, and finally, when the family saw there was no chance of life, would perform tracheotomy, with the usual results.

If the subject of this paper was "Diphtheritic Croup and its Treatment," I should have reported my experience in that disease by inhalation, medication, tracheotomy, etc., that you might make comparison of the various methods of treatment, but I can sum it all up in three words: *Every one died.*

Before reporting my first case of intubation, I wish to report the last case of diphtheritic croup which I treated before I resorted to intubation.

#### CASE I.

Sidney V., aged five years, had recovered from a slight attack of pharyngeal diphtheria. I was called to see him October 26, 1891, at 5 p.m. Mother stated he had been hoarse for thirty-six hours. I found slight membrane in the fauces, complete aphonia, and violent dysphonia. I at once informed the mother that he must die unless we performed tracheotomy. She would not consent until her husband arrived, which he did at 7 o'clock, and he gave the usual answer, that he would rather prefer the child should die a natural death than that he should be butchered. Child died at 10 o'clock, five hours after I was called.

#### CASE II.

Florence V., sister to case No. I, two and a half years old. I was called to see her October 29, 8 a.m., and found aphonia complete, no dysphonia, slight membranous exudation in the pharynx. Diagnosis, diphtheritic croup. I told the father she would die if we did not operate, to which he objected. Then I proposed intubation. I did not promise him anything, but explained

that it would give relief when the symptoms became urgent, could do no harm if did no good, was painless, bloodless, etc., and it might save her life. With this explanation he consented. The patient grew worse slowly but surely until 3 o'clock the next day, when I telephoned Dr. Jos. Eichberg, who at 4 o'clock introduced a tube. On the second day she coughed the tube out. With the assistance of Dr. G. W. Row, of Bellevue, Ky., I reintroduced it. On the morning of the fifth day the tube became obstructed and was coughed out again, after which she made an uneventful recovery.

#### CASE III.

Jos. B., aged six years, was convalescing from scarlet fever and diphtheria; was anæmic and weak. I was called November 9, 1891, at 9 a.m., and found extensive diphtheritic membrane in the fauces, slight aphonia. Gave treatment for pharyngeal diphtheria. November 10, 9 a.m., aphonia was complete, with slight dysphonia. I told the father that if he continued to grow worse it would be necessary to introduce a tube. November 11, 9 a.m., dysphonia urgent. At 10 o'clock, with the assistance of Dr. C. B. Schoolfield, I introduced the tube, which I allowed to remain five days. Recovery complete.

#### CASE IV.

Baby A., female, aged three years. I was called in consultation by Dr. Barker, of Bellevue, Ky. The patient was cyanotic. I proposed intubation, although I thought it was too late. There was extensive membrane in the pharynx and nares; parotid and submaxillary glands greatly swollen. I introduced a tube without any difficulty, letting it remain four and a half days. Recovery complete.

#### CASE V.

Raymond M., aged nineteen months. I had treated him for diphtheria two weeks previously. Was called to see him November 29, and found complete aphonia and marked dysphonia. November 30, morning, slight improvement, breathing easier; at 6 p.m., dys-

phonia urgent, and with the assistance of Dr. G. W. Row, I introduced a tube at 7 o'clock. Everything seemed to be progressing favorably for the first twenty-four hours, when respiration began again to be labored. I removed the tube, thinking, perhaps, it had become obstructed, but found it clear. The child grew worse. I reintroduced the tube, which gave slight relief. I proposed tracheotomy, but the parents objected. The child died at 5 o'clock, a.m., December 2, thirty-four hours after the intubation of the tube.

#### CASE VI.

Helen H., aged four years. I was called to see her December 3, 9 a.m. Found aphonia not quite complete, slight dysphonia and diphtheritic exudation in the pharynx. At 10 p.m. found the child sleeping naturally and breathing easily. I cautioned the parents to notify me if respiration became embarrassed. I was summoned at 6 o'clock the following morning, and found considerable dysphonia, which became urgent by 10 o'clock, when, with the assistance of Dr. G. W. Row, I introduced a tube. Patient has rested well ever since. Temperature is about 99°, pulse about 100, and this evening I left her in splendid condition.

I will remove the tube to-morrow morning, and have now not the slightest doubt but that she will make a perfect recovery.<sup>(1)</sup>

[FOR DISCUSSION SEE P. 12].

1 DECEMBER 19, 1891.—In regard to case No. VI, will say further that I removed the tube on December 9, but was compelled to replace it immediately. Removed it again on the 12th with the same result, the child becoming cyanotic immediately upon its removal. Removed it again on the 15th. It remained out for about an hour, when I was compelled to introduce it the fourth time. I made arrangements to introduce a tracheotomy tube on the 17th if I was unsuccessful in keeping the intubation tube out, but upon its removal on the morning of the 17th there was no further difficulty, and at present writing the patient is convalescing nicely. The tube in this case remained *in situ* thirteen days, during which I supported the patient with enemas of peptonized milk, whiskey and quinine, and sprayed the throat with peroxide of hydrogen and 1:2000 solution of bichloride, alternately, every two hours.—W. D. RICHARDS.

## Society Reports.

### ACADEMY OF MEDICINE.

#### OFFICIAL REPORT.

*Meeting of October 26, 1891.*

The President, GILES S. MITCHELL, M.D., in the Chair.

T. V. FITZPATRICK, M.D., Secretary.

DR. GUSTAV ZINKE read a paper on *A Few Practical Points Concerning the Repair of the Perineum* (see p. 1).

#### DISCUSSION.

DR. C. D. PALMER:

There is very little to be said which is really new about this subject; much that is old. I do not know the exact number of times in which I have made a perineorrhaphy or colporrhaphy, or both, for I have not kept exact records of cases, but it must be up into the hundreds. Of course, I do not include in this estimate the cases of primary perineorrhaphy, which I always make at once, if the perineal tear is greater than to the first degree. Primal tears do not occur with me in private or hospital practice as frequently as in years past. My impression is that many of the perineal lacerations are owing to too rapid delivery at the end of the second stage of labor, or to a misdirected perineal support. But we are talking about secondary perineorrhaphy. The number of operations devised for the secondary repair of the perineum is very large—almost as large in number as the number of vaginal pessaries, or vaginal specula, or rectal specula. There is, for instance, that of Baker Brown, Hegar, Simon, Bischoff, Winchel, Savage, Lawson Tait, Emmett, Godell, and a great many others. Some of these are very good and some not so good. The Baker Brown operation of not many years since, is now totally and properly discarded. A skin perineum is not any pelvic support. Great improvements have been made in these operations in recent years. A just recognition of the anatomical structure of the perineal body, in its pyramidal

shape, is the essential feature underlying all anatomical reconstruction. The mucous denudation must extend fairly up into the vagina. Necessarily, the surface denuded must vary in length, width, and also in depth, varying the shape of the area denudation, according to the local morbid conditions to be corrected, as vaginal prolapse, rectocele, cystole, and uterine displacement. I have had no personal practical experience with the flat-splitting operations. Several years since I wrote a paper for the Cincinnati Obstetrical Society, recommending the Hegar operation, or some modification thereof, for all cases. I still adhere to the conviction that this operation, modified in area denudation, by length, width, depth, direction and shape, is the best. Of course, then, the area of denudation is modified for the case, with its site and direction of injury, and secondary results.

Of sutures, I have abandoned the use of silver wire, or any metallic substance, now using only catgut, silk worm, or silk, for all vaginal operations, using, however, silver wire for operations on the cervix uteri. I have seen Dr. Zinke use, and have used myself, catgut, to coapt the bottom of the triangular denudation. But months before I had used, or seen used by Dr. Zinke, the catgut in this way, I witnessed its use by Dr. McMonigle, of San Francisco, the successor of Dr. Scott in the California Woman's Hospital in San Francisco. Where the triangular denudation is broad, some underlying catgut seems, and is needful, to secure a thorough coaptation. Transverse vaginal sutures I always employ. These are sometimes interrupted; again, at times I use them continuous, and extend the same down to, and including, the skin of the perineal pyramidal base. Aristol I now always employ over the sutured tract, instead of iodoform formerly used; no vaginal injections, unless profuse discharge, which is not apt to occur.

DR. C. A. L. REED:

I am gratified at Dr. Zinke's paper, and I am particularly pleased with his mannikin demonstrations. He has come nearer explaining the Tait slit-

flap operation than any person to whom I have ever listened. I never ignore the slit-flap principle in any operation that I do for repair of the perineum, although I sometimes deviate from the hard and fast rules laid down by Mr. Tait for this procedure. Thus, Mr. Tait never passes any of his sutures through the skin; I have found that this leaves a fissure in the perineum after healing, and consequently I pass some of the stitches through the integument. Mr. Tait gives no attention to the pouched margins of the flaps as they protrude into the vagina after approximation; I endeavor to correct this by passing a "reef-stitch" through the entire margin from one side to the other. This closes the upper edge of the wound and prevents the gravitation of secretions from the vagina into it. There is one stitch, however, that should always be passed beneath the skin, and that is the one that dips down after the retracted ends of the torn sphincter. This modification of technique, however, does not militate against the principle of the slit-flap operation—the most important addition which Mr. Tait has ever made to plastic surgery.

DR. A. W. JOHNSTONE:

I thank Dr. Zinke for the very able way in which he has presented this subject as well as the very excellent method by which he has demonstrated the Tait operation. The greatest objection ever urged against Mr. Tait's operation was, that as sometimes done, it did not deal with a rectocele. This is obviated by pushing your dissection of the recto-vaginal septum to its crest. A rectocele is a true hernia, due to a submucous rent which makes a real hernia ring. As to using the three encircling stitches, I come nearer using a dozen. Never stop to count the number of stitches, but do your work well and neatly. We have no right to cut away any tissue. If we narrow the vaginal tract we will have the same accident again. I have now been doing this operation for six years. Where there is merely a torn perineum and no rectocele Mr. Tait's method is the best that can be done, and by a higher dissec-

tion than some of his imitators have done I find it applicable to all forms of perineal damage.

DR. THAD. A. REAMY:

I have been interested and instructed by the paper. I was somewhat amused at the author including Reamy's operation in his enumeration of the various operations devised by various authors. I appreciate the compliment thus paid me by Dr. Zinke, but am quite certain that he founds this statement upon clinical observations made during his student days, when he was quite accustomed to seeing me operate. If he could have followed me the last six or seven years, in my clinical work, he would have found that I now repudiate any special operation. The object of an operation is, so far as possible, to restore the parts to original conditions. Each case must therefore be a law unto itself, each case demanding a special operation. The operator therefore who follows a special plan cannot, in my judgment, be successful in all cases. Thorough knowledge of the anatomy of the parts, a well-trained mechanical eye, which enables the operator to take in at a glance the special character of the injury and the resulting deformity, are essentials to success. Quickness of perception and accuracy of judgment in arriving at conclusions, with regard to the direction and extent of denudation, the number and direction of sutures necessary to most thoroughly restore that special case to its original conditions.

It must be constantly remembered that the approach to a triangular body, known as the perineal, occupies the space between the integument below, and the diverging rectum and vagina before and behind; that this body is composed of the union of muscular tendons, fibrous elastic tissue, etc. Now the extent and direction to which the muscles and other structures composing this body may be destroyed and displaced, are by no means regular. The operator must be able to discern the direction of displacement, and therefore reason backwards to the character of the injury, and operate accordingly.

Dr. Zinke has in the most unquali-

fied terms denounced the removal of any portion of the flap after denudation. In this, I regard him in error. Take an injury, for example, which has resulted in an extensive rectocele (which is a hernia), associated, as it is usually, with extensive subinvolution of the vagina. In such a case, I would inquire, of what value would the flap-splitting operation be? None whatever. I have seen it tried in such cases by a skillful operator, Dr. Johnstone, even with his improvement of carrying the split further up than Mr. Tait does, and yet the results were unsatisfactory. The parts were by no means restored to original conditions. I have myself tried the operation in such cases with similar unsatisfactory results.

The facts are, that in most cases of injury to the perineum, associated with subinvolution of the vagina, the removal of redundant tissue, including mucous membrane of course, is one of the important factors in the cure of the subinvolution, as well as an essential in the mechanical restoration.

Probably the author of the paper this evening, has in his mind when he condemns the removal of the flap made by denudation, as done by myself and others, the removal of the posterior vaginal wall instead of the mucous membrane simply. If he will recognize that ordinarily the denudation, when properly done, simply includes the vaginal epithelium, he will not regard it as such a bugbear.

There are many cases of injury to the perineum, so called, which consist simply in the vagina having been pushed in front of the child's head and torn loose from the fascia and muscular structure connecting it with the anal sphincter and the deep fascia. It is pushed forward like the lining of a coat sleeve would be by the fist in attempting to draw the sleeve on violently. In these cases, after a year or two, the appearances are as though the vagina were torn loose, posteriorly, and retracted up toward the uterus. In such cases there is always great redundancy of tissue, and the best operation is to denude the cicatrix in front of the tear, dissect up deeply a flap, cut away the



redundancy of tissue and fore-shorten the posterior vaginal wall, bringing its lower border over the denuded cicatrix and uniting it with the superficial integument.

In many other cases the tear in the vagina has been on one side simply, extending up the lateral sulcus, separating everything from the deep fascia. Of what value is the flap-splitting operation in such a case? Or of what value is the operation, described by the author of the paper to-night, in such cases? None whatever. Here the parts can only be restored by making a path of denudation over the line of the tear, up the sulcus, then separating the parts deeply on either side, bringing the flaps together by deep stitches, which unite the edges on the two respective sides of the sulcus, and at the same time fastening them to the deep fascia.

In conclusion, I will state that I regard the flap-splitting operation as valuable in special cases. I have in one or two instances avoided the objection referred to by several speakers to-night, of a small path of non-union along the line of suturing in the flap-splitting operation, by using catgut for all the deep sutures, cutting it short to the knots, and then covering it over by the integumentary flaps, brought edge to edge, and held by fine silk sutures. These last sutures are all that it is necessary to remove.

*Meeting of November 9, 1891.*

The President, GILES S. MITCHELL, M.D., in the Chair.

T. V. FITZPATRICK, M.D., Secretary.

DR. C. S. EVANS reported a case of

*Calculus in an Infant.*

Patient, a male child one year of age. The parents stated that the child had not urinated for twenty-four hours, which I doubted, but recalling the fact that the parents could tell positively by the child's wearing apparel whether or not it had passed urine in a given time, I was more disposed to give credit to their statements. On examination I found the bladder above the umbilicus. I then palpated the penis

and urethra, but could not make out anything. I used an infantile catheter (Ultzmann) and found a stone in the membranous portion of the urethra. The catheter was passed on into the bladder and the urine allowed to escape. I show here the instrument; its chief peculiarity is the sharp curve similar to that found in a catheter for cases of enlargement of the prostate. Here the high position of the infantile bladder necessitates the same curve as does the enlarged prostate.

The next day the mother called my attention to a swelling at the peno-scrotal angle which was distinctly outlined. I left it alone, expecting it to pass down to the meatus. But it did not. I removed it by passing a curved probe around it and drawing it forward to the meatus, where it was easily removed by slitting up the meatus.

The calculus is round, the size of a buck-shot, and is composed of uric acid.

DISCUSSION.

DR. WM. JUDKINS:

I have never used the kind of catheter spoken of by Dr. Evans. I have no doubt that it possesses superior qualities. However, I have used the hard rubber catheter with perfect success.

DR. CLEVELAND:

Dr. Evans's report is certainly very interesting on account of the age of the patient. I have never seen a stone in a child so young. I had a case analagous to the case reported, a child three years old, in which the stone caused retention, and was excised from the urethra at the peno-scrotal angle. I have frequently seen small stones passed by children.

The catheter exhibited by Dr. Evans looks as though it was too small, but never having had occasion to use an instrument on so young a child my idea is only theoretical.

DR. TINGLEY:

I wish to refer to the fact that I catheterized a female child two and a half years of age with a soft rubber catheter without any difficulty. In reference to stone in the bladder in children, I am reminded of a case that came under my observation recently. A lady

brought me a stone about the size and shape of a bean which was removed from a child about two and one-half years old. The mother, on examination, found the stone protruding from the meatus. She removed it with the round end of a hair pin. Whilst this case may not illustrate the point brought out by Dr. Evans, yet it is instructive as to the means used in extracting the stone.

DR. C. S. EVANS:

Before I used the catheter I palpated the urethra, looking for an urethral calculus, but could feel nothing. Before I used the catheter I tried a bougie, but failed in passing it. If I want to get into the bladder I prefer a hard instrument. It certainly in this case passed with perfect ease, as shown by no hemorrhage.

#### ICHTHYOL IN THE TREATMENT OF ERYSIPELAS.

Dr. Klein recommends the employment of ichthyol in the treatment of erysipelas. In such a disease as erysipelas, whose duration may vary between such wide limits, whose evolution may be subject to such great variations, and whose severity may be either slight or serious, it is very difficult to estimate the character of the results attributable to any remedy. Dr. Klein has, however, restricted his conclusions to observations made on severe cases of erysipelas, and they are published in the *Gazette Médicale de Paris*:

1. Ichthyol undoubtedly exerts a marked influence on the development of the micrococcus of erysipelas in the skin, which may be attributable either to the reducing action which this remedy exerts on the tissues, or to a direct action exerted on the pathogenic micro-organisms, or to both of these causes.

2. Treatment by ichthyol reduces the duration of erysipelas at least half.

3. Treatment need not be continued, as a rule, longer than three or four days. By this time the disease is usually cured.

4. Under the influence of ichthyol the disease follows a much more benign course.—*Therapeutic Gazette*.

## THE CINCINNATI MEDICAL SOCIETY.

OFFICIAL REPORT.

*Meeting of December 8, 1891.*

The President, F. W. LANGDON, M.D.,  
in the Chair.

L. S. COLTER, M.D., Secretary.

DR. E. S. RICKETTS reported a

### *Case of Supposed Extra-Uterine Pregnancy.*

The patient was twenty-five years of age, and had been married about three years. Her last menstruation had occurred in January or February, 1891. She thought she was in the family way. Three months afterwards she began having colicky pains and some flow appeared. The breasts enlarged, the areola became discolored, and some fluid escaped from the nipples. In the right iliac fossa a tumor appeared and the patient was compelled to walk in a stooped posture. Since then she has been in bed most of the time with limbs flexed, and at the present time is unable to straighten out her legs. She has been steadily losing flesh. The uterus is low down and of normal size. There is considerable tenderness on pressure over the tumor. Believing the symptoms to be those of extra-uterine pregnancy I advised prompt surgical interference, but have not as yet gained the consent of her relatives. The pain is allayed by morphia. I hope later on to be able to give a further report on this case.

DR. WM. L. MUSSEY reported a

### *Probable Case of Œdema of the Glottis.*

I was recently called in a hurry to see a woman whom, on entering the room, I found suffering with considerable cyanosis, the eyes bulging and the breathing very labored. Was told that she had had such an attack during the night. It was about eleven o'clock in the morning when I was called. Believing the trouble to be in the larynx I told them I would secure some assistance, and I went after my friend Dr.

Roads with the idea of having him perform intubation. I found that Dr. Roads was sick and unable to go, so I took his instruments and attempted myself to intubate. I was not successful in my first two attempts, but on the third attempt I succeeded in partially introducing the tube, when the patient jerked my arm and the tube came out. The result was a greatly improved condition of the patient. The urgent symptoms were immediately relieved. I do not believe the case was one of hysteria. The case is interesting, in that if the tube had been successfully introduced, with the relief of the symptoms, it would naturally have been attributed to the presence of the tube.

## DISCUSSION.

DR. F. W. LANGDON:

Asked if there was any bleeding after the attempt to intubate. If there was it might be that the manipulation with the tube acted the same as scarification.

DR. MUSSEY:

Said there was no hemorrhage.

DR. J. A. THOMPSON:

Thought that there was œdema of the ary-epiglottic folds, and that the relief could be explained by the theory that the attempts at insertion of the tube diminished the œdema.

DR. MUSSEY:

Said that the woman had had some chronic throat trouble for some time.

DR. W. D. RICHARDS read a paper on

*Intubation of the Larynx, with Report of Five Cases* (see p. 6).

## DISCUSSION.

DR. W. M. L. MUSSEY:

In discussing the subject said that with the exception of the case he had reported this evening he had had no experience with intubation and but little with tracheotomy, but that it was his belief that every one ought to be prepared for intubation. The consent of parents can easily be secured when it is impossible to gain their consent for tracheotomy. He thought that Dr. Richards was to be congratulated on his good success with his cases, but that he thought he had struck lucky

cases. Some cases will die whether you perform intubation or not.

DR. J. A. THOMPSON:

Said he had never made an intubation because he had so far been successful with the peroxide of hydrogen spray. On the first evidence of the extension of the membrane into the larynx he throws the spray of the peroxide directly into the larynx, with the result of having the membrane dissolved and expectorated, with relief of the dyspnoea.

DR. E. S. RICKETTS:

Asked if the mere introduction of the tube would stop the extension of the disease?

DR. F. W. LANGDON:

Replied that the introduction of the tube merely permitted the patient to breathe better, and thus preserved his strength, thereby enabling him to better combat the disease.

DR. RICKETTS:

Said that while in general practice he frequently made tracheotomy, and from his experience he believed that the cases must be selected. Some cases are suitable for tracheotomy while in others it is better to intubate. One who relies solely on intubation is bound to meet with more failures than if he selects the cases proper for this procedure.

DR. J. A. THOMPSON:

Said that where the membrane is confined to the larynx intubation should be resorted to, but where it extends to the trachea and the bronchi tracheotomy should be used. He thought that the use of the bichloride of mercury was not rational. The remedies he uses are nitro-glycerine and the chloride of ammonia in connection with the peroxide of hydrogen spray. The strength of the patient is thus preserved, and the chloride of ammonia being a stimulating expectorant will float off the membrane. If necessary, resort is had to rectal alimentation. If the peroxide is properly applied where the membrane is very thin it will entirely disappear in a short time.

DR. MUSSEY:

Stated that the method resorted to by A. Baginsky, of Berlin, is the use of the oil of turpentine every two or three

hours, whiskey p. r. n., and the generation of steam in the room. Turpentine is good from its local stimulating and diaphoretic action. He himself had used this method in two cases with very good results. In neither cases was there any laryngeal involvement.

DR. RICHARDS:

Said that he believed his cases were lucky cases, as Dr. Mussey had said. He thought there was a great deal dependent upon the after treatment of these cases. He used a spray of the peroxide of hydrogen and also gave one-fourth of a grain of the bichloride of mercury every two hours, and fed by rectal alimentation, using Fairchild's digestive tubes to digest the milk. The treatment described by Dr. Thompson was what he had used before he began to intubate, and the results were not successful. The result often was that the detached membrane was inhaled deeper, with bad results.

#### SURGERY OF THE BRAIN.

In a memoir (*Le Scalpel*) on "Surgical Intervention in Lesions of the Brain," Dr. Laurent believes he can claim:

1. That success follows operation in a certain number of brain lesions.
2. Hydrocephalus can, however, be regarded as incurable in the great majority of cases.
3. Cerebral abscess is frequently cured by operation.
4. Traumatic epilepsy in general justifies trepanning. This is shown to be less effective in Jacksonian epilepsy.
5. As regards tumors, operation is scarcely indicated, excepting for those which are small, well defined, and superficially situated.
6. Excision is the treatment by choice for encephalocele of medium volume.

As a general conclusion the author says surgical intervention applied to brain lesions cannot ameliorate in a marked way, or cause to disappear, with rare exceptions, any but those which are superficial and limited.—*Med. Record.*

## Translations.

### THERAPEUTIC NOTES

FROM FRENCH AND ITALIAN JOURNALS.

TRANSLATED BY  
F. H. PRITCHARD, M.D.,  
NORWALK, O.

#### DYSPEPSIA FROM GASTRIC HYPER-SECRETION AND ITS TREATMENT.

The French journal, *La Semaine médicale*, November 11, 1891, contains an excellent article on this subject by the editor. This state is characterized by a continuous secretion of gastric juice (gastro-succorrhœa), yet it should not be confounded with simple hyperchloridria, where the superacidity is only during digestion, while that of gastro-succorrhœa is without cessation. It may be confounded with cancer of the stomach. Two forms are distinguished, the intermittent and the chronic. The former, the intermittent form, is observed as a secondary disease (deutero-pathic) in the course of certain organic affections of the nervous system, as general paralysis, disseminated sclerosis, and especially *locomotor ataxia*. Where the disease is of primary (proto-pathic) origin it is but the beginning of the chronic form.

The patient is generally an adult. His pale and emaciated face would lead one to think at once of cancer of the stomach. On questioning him one finds the trouble to date back several years, and, at first, to have been intermittent. For several years there will have been more a sense of disturbance than pain. Several hours after meals there appears a sensation of heat and burning in the epigastrium, sometimes running up into the œsophagus. This is followed by a feeling of constriction or cramp at the base of the thorax, especially on the left side. The general health remains good, and the intervals delude the patient into feeling that his disease is cured. Gradually the intervals become shorter, the pains more intense and of longer duration. The painful crisis terminates in vomiting; the patient evacuates a

large amount of very acid fluid, which burns his throat. He grows emaciated and feeble, until the chronic form is definitely established. He then presents the following symptoms: His tongue is red and moist; appetite good; he would eat enough, and with appetite, if he did not know by experience that each meal provokes a painful crisis. Certain foods, as a glass of milk, calm temporarily the burning and heat. The thirst is generally very intense, especially after meals and at night. He suffers most after dinner at three or four o'clock. The heat, burning and heart-burn set in, the pain appears, the extremities become cold, and the pulse small and feeble. The patient bends double, presses his hands upon his epigastrium. The regurgitations become more and more frequent, until, some hours after, he vomits a large quantity of acid fluid. A second crisis generally appears during the night, at ten or eleven o'clock, and lasts three or four hours, after which the patient sleeps quietly until the next morning. Albuminoids are digested well, starchy foods badly, hence the vomited matter is chiefly of a grayish color. Symptoms of gastric retention and dilatation present themselves soon. His skin becomes dry and pigmented, his mind depressed and his emotions excited. His urine is turbid, milky, alkaline, especially after meals, and deposits phosphates in abundance; it contains very little of the chlorides, sometimes less than three grammes (forty-five grains) during a day.

The prognosis as to a definite cure should be guarded. The disease is very obstinate to treatment, yet it is amenable to relief; when there is retention the state is grave and probably incurable. Catarrh and ulcer of the stomach render the condition still graver.

To remove all sources of irritation to the gastric mucous membrane one should prohibit the use of tobacco, alcohol, coffee, spices and tea; perhaps even common salt, and, above all, green coffee. He should avoid cares, prolonged intellectual exertion, and worry and preoccupation with his business. A calm, and especially a country life

are to be recommended. Meats should form the principal article of diet; fat is to be given in limited quantities; the quantity of amylaceous substances must be reduced but not suppressed completely. The vegetables should be well mashed, to a pulp (*purée*), and flavored with sugar. But very little bread should be taken. Water, either pure or to which a few drops of brandy are added, should be used as a drink. The stomach may be washed out or alkalies given to overcome the acidity or vomiting. The writer uses the bicarbonate of soda, thirty grains every half hour or hour, commencing near two hours after meals, thus making ten to twenty grammes (2½–5 3) a day. If the constipation persists he would advise caution in the use of purgatives, rather employing injections and faradization. Morphine is efficacious in the pain. Four lavages a week are usually sufficient; if the night crisis is intense then wash out the stomach at ten or eleven o'clock in the evening. When the dilatation of the stomach is intense Glénard's hypogastric belt (see *Gazzetta degli Ospitali*, 1890) may be worn. Hydrotherapy is of service to tone up the nervous system.

#### ECZEMA IMPETIGINOSUM OF THE FACE AND SCALP DURING DENTITION.

Dr. Baumel, of Montpellier, France (*La Semaine médicale*, No. 45, 1891), has made a study of this subject. The eruption accompanying the first dentition, of six months to two years, is located on the face and anterior portion of the hairy scalp, while that of the fourth, sixth or ninth year is situated on the back of the neck. The more posterior the tooth the more posteriorly the eczema is situated. Hence this form of eczema is of reflex origin, being due to reflex irritation of the trigeminus operating on the secretory organs of the skin. A predisposition also comes into play here, plethora or a lymphatic temperament being the predisposing states. The disease comes and goes, undergoes a series of oscillations during eighteen months, which, with the twenty teeth

a peculiar sort of crudescence of the which gives rise to as—of the influence rual epochs, the rôle on plays in the dis-

general and local: s and regulation of very young infants every two hours; in ee hours. Children e no more than four separated by inter-ich.

hair; remove the night an imperme- In the morning nd warm or cold the season. Then e following:

s. 30 (3j).  
s. 1-4 (grs. xv-3j).

loform varies from all children to four f fifteen years.

#### RRHŒA.

Paris (*Manuel des mes*, Paris, 1891) following formulæ in

lcæ, . gms. 1.50

. dgms. 6.5

t. sic., gms. 12

hundred pills. Three

tartrat., . gms. 5

{ aa . gms. 2  
{ (grs. xxx).  
. gm. 1

s.  
pills. Two pills after

gue:

. gms. 30 (3j).  
gms. 15 (3iv).

p sufficient to mix well;  
desired. Two to four  
four times a day.

In chlorotic amenorrhœa:

4.  $\begin{matrix} \text{Ferr. dialyzat.}, & \text{aa} & \text{gms. 50} \\ \text{Aq. cinnamon}, & & (\text{fl. 3jss}). \end{matrix}$   
A dessertspoonful two or three times a day.

#### DYSMENORRHŒA.

Prof. Lutaud (*Manuel des maladies des Femmes*, Paris, 1891) praises in dysmenorrhœa the following:

1. As a rectal injection:

$\begin{matrix} \text{Tinct. opii}, & & \text{gtts. 10} \\ \text{Camphor pulverizat.}, & \text{dgms. 20 (grs. iij).} \\ \text{Vitelli ovi}, & & \text{No. 1} \\ \text{Aquæ}, & & \text{gms. 300 (fl. 3x).} \end{matrix}$   
Sufficient for one injection.

2. As a potion:

$\begin{matrix} \text{Ammonii acetat.}, & \text{gms. 6 (3jss).} \\ \text{Infl. flor. aurantior.}, & \text{gms. 120 (fl. 3iv).} \end{matrix}$

3. As a uterine sedative:

$\begin{matrix} \text{Tinct. viburn. prunifol.}, & & \text{gtts. 40} \\ \text{Elixir de garus}, & & \text{gms. 30} \\ & & (\text{fl. 3j}). \\ \text{Syrup simplic.}, & & \text{gms. 30} \\ & & (\text{fl. 3j}). \\ \text{Aq. destillat.}, & & \text{gms. 60} \\ & & (\text{fl. 3ij}). \end{matrix}$

A soup Spoonful every one-half to one hour for twenty-four hours, according to the urgency of the case.

*Viburnum prunifolium* is a sedative of the excito-motor centres of the spinal cord, and particularly that presiding over the utero-ovarian apparatus.

4. As a suppository:

$\begin{matrix} \text{Extr. cannabis indic.}, & & \text{cgms. 1.5} \\ & & (\text{gr. } \frac{1}{4}). \\ \text{Extr. belladonna}, & & \text{cgms. 1.5} \\ & & (\text{gr. } \frac{1}{4}). \\ \text{Butyr. cacao}, & & \text{gms. 5} \\ & & (3j\frac{1}{4}). \end{matrix}$

Sufficient for one suppository. Begin the fifth day before the menses and introduce one every evening for five days.

#### ACUTE TONSILLITIS.

Dr. A. Martin (*La Semaine médicale*, No. 55, 1891) speaks highly of the following:

$\begin{matrix} \text{Acid carbolic}, & \text{aa} & \text{gm. 1 (grs. xv).} \\ \text{Camphor}, & & \\ \text{Glycerine}, & & \\ \text{Aq. destillat.}, & \text{aa} & \text{gms. 50 (fl. 3j\frac{3}{4}).} \end{matrix}$   
Three or four local applications a day.

According to Dr. Martin, the general and local conditions improve the first day under the employment of this

formula; sometimes even from the first application.

#### TREATMENT OF ACUTE GONORRHOEIC ORCHI-EPIDIDYMITIS.

Dr. W. Parker (*La Semaine médicale*, No. 55, 1891) recommends the following:

℞ Argent. nitrat., . . . gms. 4  
(℥j).  
Ether nitros. alcoholizat., gms. 30  
(℥i. ℥j).

For external use. This is painted, with a stiff brush, onto the testicle attacked, once a day for two consecutive days.

Then he employs the following:

℞ Laudani, } aa gms. 40  
Plumbi subacetat. liquid., } (℥j).  
Aq. destillat., . . . gms. 440  
(℥i. ℥xiv).

For external use. Apply a compress to the testicle, which is kept constantly soaked in this solution.

The effects of this treatment are said to be excellent. The pain and inflammation rapidly disappear.

#### CAMPHOR IN INFLUENZA.

Dr. Deveruk (*La Semaine médicale*, No. 45, 1891) recommends camphor as one of the best remedies in influenza and similar states. He used the following formula in over 150 cases:

℞ Alcohol camphorat., . . . gms. 8  
(℥i. ℥ij).  
Syrup chloroform, . . . gms. 10  
(℥i. ℥ijss).  
Mucilag. gumm. tragacanth, gms. 60  
(℥i. ℥ij).  
Aque, . . . gms. 180  
(℥i. ℥vss).

A spoonful every two hours.

#### STROPHANTHUS IN THE TREATMENT OF GOITRE.

Dr. S. Yount-Lafayette (*La Semaine Médicale*, No. 54, 1891) has obtained very good results in goitre from the use of the tincture of strophanthus, administered three times a day in a gradually increasing dose of ten to sixteen drops.

**BINDING.**—A VOLUME ( $\frac{1}{2}$  year) of the *Lancet-Clinic*, cloth, leather back and corners, gilt lettering, for 75¢.

## THE CINCINNATI LANCET-CLINIC:

A Weekly Journal of

MEDICINE AND SURGERY

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EDITORS:

A. B. RICHARDSON, M.D.

J. C. OLIVER, M.D.

L. S. COLTER, M.D.

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### Editorial.

#### SOME NINETEENTH CENTURY MEDICAL PROBLEMS.

In a certain sense no class of men get nearer to the masses of mankind than do the physicians. They obtain a direct view of the interiors of homes and almost secure a view of the mental operations of the various classes. These observations may be put to a very practical use in solving some of the questions which vex and agitate mankind at the present time; but in order to do this these facts must be most carefully observed, collated, grouped and then our deductions must be drawn from the large mass of evidence which we have collected. Physicians have these opportunities and they should be put to good use in solving the burning questions of the day.

One class of people complain that they have not a fair proportion of this world's goods; that they are poor and suffer for the very necessities of life.

icians know that their state-  
rue, for we are often called  
ses in families that are too  
to pay for medicine, much  
e the sick one those little  
ch render sickness tolerable.  
ten therefore compelled to  
inst a combination of actual  
pled with a greater or less  
arvation.

luntarily ask for an explana-  
e facts and sometimes set  
quiet way to ascertain the

often alas! the cause is  
inordinate love of alcohol  
of one or more members of

They could exist comfort-  
not the household earnings  
ie demon which knows no  
orse. Even in these cases  
ly alcohol is responsible for  
(of paupers) there are those  
ly who are not addicted to  
no must suffer for the faults

Our personal observation  
the belief that drunkards  
unless isolated or sustained  
greater than their own will.  
inkard loses his self respect  
near perdition; no strength  
tained through isolation and  
abstinence, can avail him

becomes a menace to the  
a load, a fatal incubus to  
a man of low and brutal

one may here say that sta-  
that we can foretell with  
curacy the exact number of  
each thousand who will be-  
is to this enslaving habit.  
rove that efforts at better-  
seless? We think not, but  
we, the medical profession,  
e called upon to put forth  
and best efforts to conquer  
g demon. By many, alco-

holism is classed as a vice, but the  
medical mind sees therein a disease  
which emanates from a will incapable  
of controlling the desires of the individ-  
ual. If we acknowledge that drunken  
men are men possessed of a diseased  
will, then it at once becomes our duty  
to provide some remedy for so wide-  
spread a disease.

One of the burning questions of our  
day and generation is—is the medical  
profession able to successfully cope with  
the stupendous task that is before them?  
We honestly believe that they are, but  
they must occupy positions of authority  
ere they can grapple with the problem.  
The future of this question lies almost  
wholly with the medical profession,  
and its solution can only be brought  
about by conferring upon medical men  
the power to apply the necessary meas-  
ures. So much for alcohol.

After eliminating the cases of  
poverty produced by drunkenness, we  
still have a considerable number of  
people who are poor through no fault of  
their own; they are industrious, frugal,  
and embrace each and every opportunity  
offered for advancement; still they re-  
main wretchedly poor, and their entire  
life is devoted to a struggle for exist-  
ence.

Is this state of affairs a natural one,  
part of the plan of a beneficent Creator,  
or is it due to artificial conditions? If  
the former is true there is nothing to be  
accomplished through our efforts, but if  
the latter is true medical men must see  
to it that these poor persons receive the  
benefit of our knowledge of hygiene and  
that governments be reminded that even  
these people have certain inalienable  
rights. We must protect and cherish  
them, even more than those who have  
been more fortunate in the struggle of  
life. If we desert them mankind in  
general will trample them under foot



and grind their faces against the grindstone of avarice and love of wealth.

Do we frequently enough realize these duties of our profession? Do we insist upon proper dwellings, ventilation, hours of labor, and hygienic surroundings? We believe that the profession must plead guilty to the charge of dereliction. Sometimes we even forget our high calling to such an extent that we join with the crowd in the maddening rush for gain, but as a general rule we can point with pride to the fact that most physicians die poor. A selfish man can always amass wealth.

Unsanitary dwellings and surroundings become brothels of disease and menace the community, and therefore, if for no other reason, we must see to it that our function as conservators of the public health be held in proper esteem by those who govern the land. Our advice *should* be heard:—let us insist upon its being heard!

There are various other points which need attention from the medical profession; these we hope to take up during the course of the year. Physicians must occupy positions of authority because it is their province to see that hygienic and sanitary questions receive proper recognition and that the remedies are properly applied. Many of these considerations have not received the earnest thought they deserve. The medical profession can never attain its highest usefulness until they become leaders in these matters. Much good has been done, but there is still a vast field for planting and cultivating sound hygiene.

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#### EDITORIAL NOTES.

THE December number of *The Medical Mirror* publishes a handsome picture of our townsman, Dr. E. S. McKee. The person who wrote the

remarks explanatory of the picture was evidently not well acquainted with the life-history of the defendant, for we know beyond all possibility of doubt that the doctor *is* married.

In a spirit of perfect friendliness we would request the editor of *The Medical Mirror* to head off any of the fair sex who are about to adopt his suggestion "to better her condition."

---

THE influenza is alarmingly prevalent in our city at present. The cases are almost exclusively of the catarrhal type, with a form of pneumonia as the most fatal complication. The pneumonia is not the ordinary lobar or croupous variety, but seems to effect smaller portions (lobules?). The mortality from this complication, especially among elderly persons, is extremely high; the system appears to be completely overwhelmed by the poisonous products of the disease, and death is the result in a very large proportion of the cases. The medical wards of the hospitals are full and physicians are doing a much larger practice among private cases than is customary even at this time of the year.

The treatment that has been the most efficient in our hands is the production of free diaphoresis. Probably part of the poison is eliminated through the perspiration.

---

EACH day brings forth some startling medical communications, so that we need not be surprised to hear of men advocating and seriously advising all sorts of wild fancies. Just when our nerves had become settled after the vigorous assaults of the gynæcologists, we are called upon to hear one man advocate the removal of the prepuce wherever it may be found; while another has made the astounding discovery

st any food is better for the  
an mother's milk.

s suggestions cause us real  
r the crusade against foreskins  
t to presage the beginning of a  
e surgical attack upon the male  
re organs; while the last sug-  
eems to convey the impression  
ldren have been improperly  
h since the world began, and  
mammary glands of the female  
nly be used for the purpose of  
out the female figure.

re truly grieved to read of the  
essness of a *man* in beginning  
ck upon the *male* organs of  
on; we live in constant dread of  
when women doctors shall be  
l enough to issue edicts against  
of the male anatomy. Gentle-  
advise you to go slowly or you  
inaugurating a policy which  
nuate in cutting your own fore-

#### CAL SOCIETY NOTICES.

ATI MEDICAL SOCIETY.—  
day evening, January 5, 1892,  
DORSCHUG will report an "In-  
Case of Hemorrhage into the  
and Aneurism of the Aorta;"  
Case of Salivary Calculus."  
WM. L. MUSSEY will give a re-  
' Diseases of the Skin."

#### PUBLISHER'S NOTICES.

all the attention of our readers to the  
nent of the Robinson - Pettet Co.,  
, Ky., which will be found on another  
is issue. This house was established  
ago, and enjoys a widespread repu-  
nufacturers of high character. We  
sitate to endorse their preparations as  
they claim for them.

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nly low prices.

## Selections.

### FROM CURRENT MEDICAL LIT- ERATURE.

#### TYPHOID FEVER: A MODE OF INFECTION.

At a time when enteric fever has  
forced itself to the front, and its extent,  
progress, and prevention is discussed in  
both the lay and professional press, it  
may be worth recording particulars of a  
case of infection that can be traced,  
occurring recently in my practice. The  
source of infection to which I refer is  
probably and unfortunately a very potent  
means of conveying the enteric spores,  
and is one to which, I think, attention  
is not sufficiently paid. Few medical  
men whose duties have necessitated  
their attendance in the lower quarters  
of a large city—I have had four years of  
it in connection with the Coombe  
Hospital—will have failed to notice the  
filth of the "dairy yards." I write  
generally. It is true that improvements  
have been effected, but who, looking at  
the ordinary "dairy boy," with tucked  
up trousers, washed!—when? filth-  
bespattered boots, shirt guiltless of soap  
if we may judge by its color, and hands  
—how could his hands be in a sanitary  
condition with such surroundings? can  
be without feeling some qualms in the  
presence of our first food. The litera-  
ture on the subject of enteric fever is  
very copious, and many modes from the  
air above to the earth beneath have  
been cited as the means of propagation,  
even the Vartty has not escaped, but I  
am sanguine that a much more fruitful  
source of propagation is the one I refer  
to, the subject of this paper. It would  
only weary professional readers to go  
over the numerous cases of infection  
caused, or perhaps I should write, said  
to be caused, by the contact of cows'  
udders with pasture fertilized by sewer-  
age matter, but in that case I may  
remark we have the sanitary oxygeniz-  
ing influences of the atmosphere as  
against the concentrated pollution of an  
often uncleansed and unventilated byre.  
I describe the cases as I saw them.

Called to see "A," aged four and one-half years, temperature 104° F., typical typhoid tongue, diarrhœa, headache, pain in and distension of abdomen, ailing about a week. I had the advantage of a consultation with an eminent member of the profession here, who agreed with the diagnosis, but was certainly very careful in prognosis. I will not describe the case, it went on as usual, the more or less regular variations of temperature, etc., no complications, and the patient is now convalescent.

Four or five days after my first visit to "A" I was called to see "B," aged five years. Ailing four days and with similar symptoms to "A." Temperature 102° F. From the mother I learned that Mrs. "A" had a cow for her own use, which she herself milked, attending, of course, occasionally, as mothers will, to her sick child, and that she (Mrs. "A") supplied her friend Mrs. "B" with the surplus milk not required by her family. I must confess that it is curious that no other member, so far, of either family has contracted the disease though using for a time the same milk supply.

The second case is going on well.—  
E. J. BRADY, *Med. Press and Circular*.

#### THE BACILLUS OF TYPHOID FEVER: ITS OCCURRENCE AND SIGNIFICANCE.

In 1882 Eberth announced that certain groups or colonies of short bacilli could be found in the Peyer's patches, lymph glands of the mesentery, spleen and other organs of those dead of typhoid fever. Meyer reported shortly after on the subject, and added much weight by showing that such groups of bacteria existed in nearly all cases of typhoid fever. This was before the general use of aniline dyes and solid culture media.

Next Gaffkey showed that these groups of bacteria could be stained by long immersion of sections in solutions of methylene blue and washing in acidulated water. He also showed that the plant could easily be grown at room temperature, and that the cultures were quite different from any known at that time. The plant grew as a bacillus

with rounded ends, was endowed with the power of motion, and apparently formed spores. Gelatine was never dissolved; the deeper parts of the shaft were beaded and slightly brown in color. The growth on potato was regarded as a diagnostic character, the peculiarity being extensive growth as shown by the microscope, yet nothing to be seen by the naked eye except a slight shimmer or difference in texture when looked at in a favorable light.

Koch and others soon demonstrated not only that the bacillus occurred regularly in all active cases of typhoid, but also that it could not be found in those dead of other diseases. This put the subject in such a position that a few years ago one spoke of the typhoid bacillus as quite a settled matter. To-day we do not know half as much as then. The very individuality of the plant has been questioned. The difficulty has come from the discovery that a large number of bacteria exist which grow on potato just like the typhoid bacillus, and that some plants identical in all the culture characteristics given by Gaffkey are not so very rare, and occur in the stools of people with intestinal disease. As a result, the Eberth bacillus has been cultured in a great variety of ways, and subjected to a very close scrutiny, in the hope of discovering some character or group of characters by which it could be positively recognized. So far all efforts have been futile. If Babes is correct in his observation, there are a host of other bacteria, either closely allied species or varieties, which occur in man and chiefly in man with typhoid fever.

Even yet the difficulties of the case are only half related; the Eberth bacillus is a protean form, and varies much in its shape, form and manner of growth, with minute changes in its surroundings—as temperature, degree of chemical reaction and composition of the media. Therefore, to-day, to demonstrate that a bacillus is identical with Eberth's it is necessary to compare it step by step, culture for culture, under precisely the same conditions with an undoubted culture, and to have derived the original supply from a case of typhoid.

The above conditions can be fulfilled in practically every case of typhoid fever which has died before the disease has passed off, and the original microscopic findings can be verified in the same way. Those conditions have never been fulfilled in a single case of other disease. We are, therefore, justified in claiming the existence of a peculiar bacillus or bacillus group in every case of typhoid. This is the ground on which the claim of the typhoid bacillus depends. It rests on the same evidence as the spirillum of relapsing fever, the plasmodium of malaria; both are always to be found in their respective diseases, never in health or other diseases. It is, therefore, clear that the typhoid bacillus and typhoid fever stand in some sort of causative relation; things which vary together, are connected causatively. From analogy and the improbability that the bacilli are the result of a secondary invasion, the bacillus is commonly accepted as the cause of the disease. No careful student claims this as proved, neither is the law of gravitation.

A few authors have attacked the integrity of the bacillus, and argued that typhoid fever is a condition, and the bacillus in reality a variety of species, as in the summer diarrhœa of infants. Others hold that the plant is simply a modification of a common denizen of the intestine. But epidemiology and clinical study point so clearly to a specific disease transmitted from case to case that I do not think these views need be entertained, at least until their supporters produce some substantial evidence.

The distribution of the plant in the body bears a close relation to the nature of the disease. First, it occurs in the substance of the swollen Peyer's patches, before these have sloughed, not simply in the mucosa, but in the round-cell aggregations. After the surface has become eroded and an ulcer is formed,

points to its being distinct from the typhoid bacillus. It only occurs on and in the surface of the erosions, not deep in the tissue. Nearly if not quite simultaneously with the appearance of the bacillus in the follicles, the lymphatics of the mesentery swell and show nests of the same bacillus. The nests contain from fifteen or twenty bacilli to hundreds, and form a mass varying in size from that of a nucleus to one very much larger. The centre is apt to appear almost homogenous or finely granular; but the circumference clearly shows short, straight, irregular looking bacilli. The irregular appearance is due to parts of the bacilli staining less than the rest.

The spleen shows precisely the same state of affairs. According to the duration of the disease and other factors, the number of colonies vary greatly. In advanced cases, even two hundred sections may be examined before a colony is found. From this their prevalence runs up to as many as fifteen or twenty in a single section.

So far the colonies have been described as being in the tissue, between the cells, not as bearing any particular relation to the blood-vessels or other parts. To this the liver offers a contrast. Here the plant is apt to occur in the form of distinct thrombi, which have grown from minute emboli.

In the kidneys the colonies occur chiefly in the cortical portion; are often present, at times abundant, but apparently are not present with the same regularity as in the spleen.

Besides the above organs, the typhoid bacillus may be found in most any part of the body. Thus it is apt to occur in those cases of lobular pneumonia which so often complicate cases of typhoid. It has also been reported as existing in the meninges in cases of complicating meningitis, and in abscesses in such different parts of the body as the parotid glands and the  
the bacillus is found  
ny with  
acterium.  
the blood  
have been  
orted posi-

tive results, especially from material procured by opening a rose spot. Others have failed. That the plant can occur in the blood, the emboil in the liver demonstrate; nevertheless, none of the observations are above question; many simply depend on the microscope and are absolutely worthless; others are supported by cultures, but in no cases have these been carried to that degree of fineness and accuracy necessary to establish even a probable diagnosis. Examination of the blood in doubtful cases for purposes of diagnosis is therefore a failure, and until our knowledge is greatly improved must remain so. Provided the typhoid bacillus was found, its positive recognition would require so much time that the practitioner would take but little interest in the result.

All the above remarks apply to the search for the bacillus in typhoid stools; it may be there or it may not. Many claim to have found it, many have failed. The difficulties are enhanced by the enormous number of bacteria in feces, and the occurrence of many typhoid-like bacteria in the intestines of typhoid patients. All sorts of ready methods of isolation have been recommended, but none have stood the test of time. The only feasible method is to make plate cultures from the stools and then search for the desired colonies. These have nothing characteristic about them, are variable, so that in searching for the typhoid bacillus plates of pure cultures of the typhoid plants must be made to serve as a control and comparison in each case. Even then the amount of error is large. Lately word has come that a regal road to the typhoid bacillus was found. All that is necessary is to use agar and put the plates in the thermostat and presto! the next day, thanks to the warmth, the typhoid (pathogenic) bacteria have developed finely, while the others, not liking heat, are retarded in development. Beautiful, but mistaken. All or nearly all the germs in the intestines thrive better at 98° than at 68°. There is nothing new about the method except the theory; by it we hasten development, and avoid liquefaction: on the other hand we lose the signs of the only absolute fixed

character, non-liquefaction of gelatine, and run a considerable risk of killing the plants we want to study.

Considerable attention has been paid to the urine in cases of typhoid, and the weight of evidence seems to indicate that the bacillus is quite liable to appear in the urine when it contains albumen, that is, early in the course of the disease. As yet, however, the universal doubt which hangs over most everything relating to the typhoid bacillus weighs heavily. More evidence and closer work is needed before positive statements are justified. Reasoning from analogy, and the presence of the bacillus in the kidneys, their occurrence in the urine seems most probable.

The only other method of utilizing the bacillus for diagnostic purposes is that of tapping the spleen. This has been done on several occasions, and the method is spoken of as a success. Probably none of us, however, would be willing to have our own spleens tapped for the sake of a diagnosis.

So far only the distribution of the bacillus in the body has been considered. There yet remain the relations of the plant to the cell changes and the result of animal inoculation. As to the latter the weight of evidence is that the plant is not pathogenic in any of our experiment animals, certainly is not capable of producing any disease to typhoid fever. The inoculation of large amounts kill a certain proportion of the smaller experiment animals, but this is evidently the result of various poisonous principles introduced, and not due to the multiplication of the bacillus in the body.

In man there are certain focal or localized cell changes, over and above the diffuse changes which are more or less characteristic of the disease. Thus we have certain small round-cell accumulations in the parenchyma of the various organs—the so-called typhoid lymphomata, and also certain other patches characterized by the loss of the staining qualities of the cells, their partial atrophy and the splitting up of the nuclei into two or more strongly staining bodies. The final result is an almost homogenous mass, in which

close study may reveal the ghosts of the cells, through which are interspersed a number of deeply stained, highly refractive small bodies, the remains of the nuclei and some connective tissue cells. These two processes, though presenting similar optical appearances, and until recently grouped together, are in reality distinct. The first is a demonstration of life, the other of death. The same or a similar process is to be recognized in various parasitic diseases. At the present time no direct or rather topographical relation has been made out between either processes and the colonies of the typhoid bacillus. The tissue directly surrounding a colony may appear precisely like the body of the organ, or it may be altered in either of the above ways.

Again, either alteration may take place without any recognizable bacilli, so that allowing the pathogenic qualities of the plant we must attribute these changes to the general state of the body, as secondary manifestations rather than primary.

Wherever the bacillus is found it is not in the cells, but between them. This shows very clearly about the borders of the colonies; at times a cell can be recognized in the thick of the bacteria. What becomes of the cells which occupied the places of the colonies I do not know; they must be either pushed to one side, digested or simply obscured—very likely all three.

If the reported cases of the detection of the typhoid bacillus in stools and urine are correct—probably some are and some are not—we have an ocular demonstration of their mode of dispersion preparatory to reinfection. In my own mind there is no doubt but that the germ escapes from the body in one of, or both these ways. With this point in mind, much work has been done calculated to show how long the typhoid bacillus can exist in dejecta, the ground and water. Most experimenters have concluded that the time was rather short, the typhoid plant being crowded out by the other germs. This sort of work, however, is not productive of much good; our experiments will never equal those of nature. The

answer to this problem is best found by a study of the numerous local epidemics of typhoid where the source is known, not in the bacteriological laboratory. Though no spore is produced, the time will be found quite long—longer than might be expected of a plant which apparently is incapable of a prolonged independent existence.

What we want to know is how to sterilize the dejecta. The urine is easily cared for. A moderate amount of carbolic acid and time will do it. It is my custom in all cases of parasitic disease to have some antiseptic as carbolic acid always kept in the receptacle for the urine. When dissolved, corrosive sublimate is very effective, but where much albumen is present I have been afraid to rely upon it. The stools are not so easily dealt with; corrosive is not at all reliable. Carbolic acid in strong solution, so as to produce a 3 per cent. solution when intimately mixed with the dejecta, is safe. Just pouring some carbolic acid on poking the mass with a stick will not suffice. Fæces are very difficult to sterilize. Some simple sort of oven or stove in which dejecta could be dried and burned is a great desideratum. Our large cities are supposed to see that the sewer waste is not dangerous; in smaller places out-door space for such an apparatus is most always at hand.

A word as to the examination of drinking-water. The epidemiologist attributed a prominent rôle in the spread of typhoid to water contaminated with dejecta long before the bacillus was found. Time has only strengthened this position. Of course, therefore, many searches have been made for the bacillus in water—and what could be more natural than to find it? Yet Koch recently said that all reported discoveries of the typhoid bacillus in water must be accepted with reserve. It may have been found, but as yet the requisites of a demonstration have not been produced. Very much the same may be said of milk. Outbreaks of typhoid are occasionally apparently due to the consumption of milk contaminated with infected water.

In closing we have good reason to

believe that Eberth's bacillus is a species and the cause of typhoid fever; that it escapes with the dejecta and after spending a variable amount of time at large is liable to gain entrance to another individual and reproduce the disease. Lastly that a large number of unjustified conclusions as to the finding of the bacillus in nature have been given to the profession under the guise of the bacteriology. Some of the records may be correct, none are beyond doubt, and few are really worthy of consideration.—J. A. JEFFRIES, M.D., *Boston Med. and Surg. Jour.*

#### ABSORPTION OF PROTEIDS.

R. Neumister has made a large number of researches on this subject, which are conveniently grouped in the *Zeitsch. f. Biologie*, 1891, xxvii, p. 309. It is well known that some proteids when introduced directly into the blood-stream are excreted as foreign bodies, while others are not so excreted. Neumeister finds that those proteids which, when injected into the blood of dogs, are not excreted by the urine as foreign bodies, but are assimilated, are such proteids as those which, when introduced into the stomach, can pass from the stomach and intestine *via* the absorptive channels without undergoing change by the digestive processes. They are syntonin and albuminate—that is, alkali-albumen from egg albumen—muscle syntonin, phyto-vitellin from the seeds of the gourd, and pure serum albumen. Those proteids, however, which do not pass into the blood without undergoing change in the process of absorption, are excreted as foreign bodies; for example, normal egg albumen, casein, hæmoglobin, albumoses, peptone.

The experiments of many previous observers have shown that probably the peptone formed during digestion is transformed into coagulable albumen in the mucous membrane of the intestine. Neumeister, by a single experiment, has demonstrated this "peptone-changing" function of the mucous membrane of the small intestine. If a piece of "surviving" intestinal mucous membrane be

taken from an animal just killed, and if it be added to blood containing peptone at 40° C., and the whole well ventilated with air, after a time a very considerable quantity of the peptone disappears, and the same is the case with the albumoses; but in the case of albumoses they are first changed into peptone. This peptone changing function of the intestinal mucous membrane is found in the small intestine of the dog, rabbit, pigeon, and pike, and is possessed by the liver of the rabbit, but not by that of the dog, nor can the kidney, muscles, or blood of the dog effect this change.—*British Med. Jour.*

#### DOES CERVICAL LACERATION PRE- DISPOSE TO CANCER OF THE CERVIX UTERI?

In Dr. Graily Hewitt's "Clinical Remarks on Laceration of the Cervix Uteri and its Effects," published in last week's *Medical Press and Circular*, he raises this question, and adds, "it appears to me exceedingly difficult to produce data of a reliable character for solving the question."

I have long since made up my mind that it does not do so, and I have arrived at this conclusion from the following facts:—

From 1868, when I was Resident Midwifery Assistant at St. Bartholomew's Hospital, up to the end of 1890, when I resigned my appointment of Assistant Physician-Accoucheur there, I was almost continuously at work in the Gynecological Out-Patient Department—say for a period of nearly twenty years. During that time a large number of women became well known to me from presenting themselves year after year for treatment, or perhaps after intervals of years returned, many suffering from lacerations of the cervix, and the symptoms arising therefrom so ably described by Dr. Graily Hewitt in his communication. I have never known one of these return with cancer of the cervix; and further, although I attended on two days in each week, and almost always at each visit one or two cases of cancer of the cervix were seen by me, among those applying for the first time,

I never, with hardly an exception, and with no exception as regards St. Bartholomew's, came across a patient who had been previously under treatment there or elsewhere for anything connected with the uterus, and I never failed to inquire respecting this. Those who have attended my clinic will remember how I continually pointed out as a remarkable fact that no evidence could ever be obtained from a patient in whom cancer of the cervix was diagnosed of having, previous to this illness, suffered from leucorrhœa, metorrhagia, prolapse, or other symptoms requiring treatment. These are "data of a reliable character," which to my mind are very strong arguments against lacerations of the cervix predisposing to cancer.—CLEMENT GOFSON, M.D., in *Press and Circular*.

#### ALLEGED OVARIAN GESTATION COMBINED WITH NORMAL PREGNANCY.

K. A. Herzfeld (*Der Frauenarzt*, 1891) describes a case where a woman aged thirty-three, was delivered of a living female child on March 12, 1891. It was her fourth labor, and she noticed that after delivery another child seemed to be moving about in her abdomen. A swelling remained and grew larger in a few days. Violent colicky pains set in on March 23, and the lochia, which had continued always sanious ever since labor, increased in amount. A large tumor reached to two fingers' breadth above the umbilicus. The uterus lay separate from it and below and in front of it, but the tumor reached into Douglas's pouch behind the cervix, where it evidently contained a foetal skull.

On March 24 abdominal section was performed. A large foetal sac was removed; it corresponded to the right appendages and its pedicle was of the normal ovarian-cyst type. The patient recovered. This sac seemed to correspond to the ovary. The tube, over four and a half inches long, ran over its surface, the ostium was normal and patent. The foetus was well developed and over nineteen inches in length.

The placenta was well formed, and the cord had a velamentous insertion. The tissues of the wall of the sac were carefully examined by Professor Kolisko and Dr. Wintersteiner, but not a trace of ovarian tissue could be detected.

Nevertheless, in spite of the negative results of a microscopic examination, Herzfeld believes that this case is an authentic example of ovarian gestation. He observes that in Säger's case of ectopic pregnancy, which the operator declared to be ovarian, no ovarian tissue could be detected on microscopic examination. — *British Med. Jour.*

#### THE SIMULTANEOUS EXISTENCE OF TWO SUBSTANCES IN CULTURES OF STAPHYLOCOCCUS PYOGENES.

Drs. Rodet and Courmont presented a note at the Académie des Sciences (*La France Médicale*) on the simultaneous existence in the cultures of staphylococcus pyogenes of a vaccinating substance precipitable by alcohol, and of a predisposing substance soluble in alcohol. The effect of the vaccinating substance is completely masked in filtered cultures by that of the predisposing substance. Heating for twenty-four hours at a temperature of 55° C. may make it appear. The indication is thus given to attempt the isolation of a vaccine from the soluble products of a pathogenic microbe which does not appear to fabricate one normally.—*N. Y. Med. Record.*

#### CARDIAC HYPERTROPHY.

For simple cardiac hypertrophy, in a young man, caused by over-indulgence in tobacco and excessive venery, Prof. Da Costa prescribed the long-continued use of tincture of aconite, gtt. iij, twice a day, with a short intermission in about a month. Also that the diet be nourishing, but not stimulating, chiefly of milk, not much meat, no tea, no coffee, no tobacco, and by quiet exercise and by taking long breaths to endeavor to expand the lungs.—*Coll. and Clin. Record.*



## SPINAL SURGERY IN POTT'S DISEASE.

Chipault (*Arch. gén. de Méd.*) says that surgical intervention in spinal caries may have one or two objects which are often combined, viz.: (1) The discovery and removal of the focus of bone disease, and (2) the relief of pressure upon the cord, due to a sequestrum, an intra-spinal abscess, or the tubercular fungosities of external pachymeningitis.

I.—*Discovery and removal of the bony lesion.*—Occasionally the disease is localized in the arches of the vertebræ. If there be no suppuration this will often do well with fixation and expectant treatment, but if there be an abscess or a sinus the diseased parts should be scraped away (Lannelongue). These cases are, however, few. Six examples of such operations are recorded, all of which were successful except one, in which paralysis supervened from causes apparently unconnected with the operation.

For disease of the vertebral bodies Treves' operation (*vide Med. Chir. Trans.*, 1884) is cited, and reference is made to certain technical modifications by Delorme. In regard to this operation the following anatomical points are noted: (1) The extensor muscles in children rarely extend far to the outer side of the transverse processes of the lumbar vertebræ. (2) The incision should be made about a quarter of an inch nearer to the middle line than is the outer border of the muscular mass. The muscle when exposed shrinks towards the middle line, and this incision brings us to its outer border. (3) Certain varieties in the position of the lumbar vessels are discussed. (4) The psoas should be separated from above downwards, when access to the anterior surface of the lumbar vertebræ is obtained without injury to important structure. (5) The peritoneum is perfectly safe. This operation of exploring lumbar caries from the back, and of thus scraping carious bone or removing sequestra, is commended in cases in which there is suppuration, and four cases are quoted in which the

abscess passing towards the iliac region was thus successfully opened in the loin (in two others the iliac abscess proved not to be of vertebral origin, but the operation did no harm). In cases where the abscess points in the loin, this is naturally the method of evacuation. A few cases are recorded in which a similar operation has been applied to caries of the bodies of the dorsal vertebræ, but the indications are rare, as we must have an abscess pointing backwards. Altogether there are collected fourteen operations upon the vertebral bodies (eleven in the lumbar region), with eight recoveries, one death, and five cases relieved.

II.—*Relief of pressure upon the spinal cord.*—In these cases the above-considered indication for treatment can also be fulfilled when the bony lesion is in the arches, and the removal of one of these simultaneously frees the cord and excises the disease. Very rarely both indications are also fulfilled in cases of disease of the body, as in a solitary case of Israel's, in which a cold abscess having burst into the spinal canal, operation relieved the pressure on the cord, and allowed of removal of half the body of the twelfth dorsal vertebra. The patient died.

Of cases of true laminectomy the author collects thirty-five instances, two being original, twenty-two published, and the remainder obtained by personal communication. In twenty there was improvement or complete cure. In all of these the improvement began within a few days or hours of the operation, and proceeded steadily. As a rule sensation returned first, and from above downwards, motion later, and from below upwards; the sphincters recovered early. The fifteen cases not improved divide themselves into two groups—(a) those in which primary improvement is followed by return of symptoms, and (b) those in which the operation is without effect. In the first group the cause of recurrence may be the supervention of acute curvature, or the re-growth of granulations. The second source of failure is, in some cases, an incomplete removal of granulations; in others, possibly, a

too great destruction of the cord tissue. Of ten deaths three were due to injury to the cord at the time of operation, four to generalized tuberculosis, and two to the severity of preëxisting complications.

The author concludes that we should operate only when the general health is good, and when the spinal symptoms are severe and do not yield to other treatment. Children do much better than adults. Of bad prognostic import are a high position or extensive distribution of the disease.

The technique of the operation is fully discussed, but without addition to our previous knowledge. The paper contains the most complete recent account of this branch of surgery with which I am acquainted.—*Med. and Surg. Reporter*.

#### RADICAL OPERATION FOR HERNIA IN BILLROTH'S CLINIC FROM 1877 TO 1889.

Haidenthaler (*Arch. f. Klin. Chirurg.*, Bd. xl, p. 493-535) says:

Between the years 1877 and 1889 there have been 136 herniotomies performed in the clinic of the great Vienna surgeon. Of these 93 were radical operations performed upon 89 patients, and five were cases treated by Schwalbe's method of alcohol injection.

The operative procedure usually followed was that of Czerny. In forty cases, however, the suture of the abdominal ring was accomplished by means of silk, instead of catgut, as in the original Czerny operation. Another departure from the latter consisted in permitting the neck of the sack, after ligature, to remain *in situ*, instead of returning it to the abdominal cavity. In eight cases the sac was cut away and the peritoneal wound sutured; in three cases the neck of the sac was closed by means of a purse string suture.

Excluding the fatal cases, as well as four operated upon after Macewen's method, and several others which it was found impossible to follow up accurately, of the remaining seventy-eight, primary union occurred in thirty-nine with an average time of healing of

twenty days; in thirty-eight cases cicatrization or secondary union secured with an average duration 45.8 days of healing. In crural herniæ it was found that there was much less tendency to disturbance of the wound course. In fact, the proportion of those which healed by primary union, among crural herniæ, was double that which was observed as uniting by secondary union. In all herniæ the extraordinary fact was observed that those operated upon in a non-strangulated condition exhibited a much longer duration of the course of healing than in strangulated hernia. In the cases in which the hernial sac was extirpated, union by first intention occurred rather less frequently than those in which this was left *in situ*. In those cases in which partial extirpation of the sac was performed, the after course of the wound was somewhat complicated by the occurrence of sloughing of the remains of the latter. The mortality of those cases studied with special reference to the question of radical cure, and excluding those in which the operation was complicated by conditions not necessarily entering into the question (strangulation, etc.), amounted to 6.25 per cent. Peritonitis and septicæmia entered largely into the causation of the cases which perished. Up to the time of the publication of the paper, thirty-four cases could be traced and studied with reference to the final result. In ten cases, and these were herniæ of considerable size, relapse had taken place; in the remainder the cure seemed to be permanent. This favorable showing, the author declares may be still further invalidated by subsequent relapses. It was observed that in only four instances did the relapse occur soon after the operation; in the majority of cases this occurred later on (three times in the first year; three times in the fifth; and in one case in the sixth year. An interesting point relating to the suturing of the ring is observed. As a result of the study of his own cases, in connection with those of Leisrink and Anderegg, the author concludes that in the inguinal herniæ of females first, and next those of males, the best results are obtained when the

opening is sutured. On the contrary, in crural hernia, in both sexes better results are obtained by not suturing the ring. In all cases it was observed that a longer time elapsed, upon an average, prior to recurrence of the hernia, in sutured than in non-sutured cases. It was considered that extirpation on the one hand, or preservation on the other, of the hernial sac exercised any influence upon the final result.

Judgment is reserved regarding Macewen's operation, inasmuch as experience with the same is still limited. The opinion is advanced, however, that it will be found too complicated for general adoption, and that the process of loosening the sac without removal of the same leads to disturbances of wound healing. In the four cases operated upon it was found that the loosened sac, either in whole or in part, was thrown off.

The subcutaneous injection of alcohol is looked upon with but slight favor in Billroth's clinic. Brilliant results promised at first in this method, but subsequent experience and the final results of those operated upon did not fulfill the early hopes entertained. In all cases there formed solid masses of inflammatory infiltration which closed the hernial opening. These, however, soon became absorbed, and recurrence took place, in one instance at the end of fourteen days.

There are many interesting points, both of an anatomical and clinical character, brought out in the paper, not among the least of which are the observations relating to the causes which operate to favor a recurrence of the hernia. The author considers that the bringing about of a normal condition of the peritoneum is of greater importance than the closure of the hernial opening, although the latter is not to be neglected. In passing he calls attention to the necessity of employing the heaviest silk in closing the ring, believing that this favors the formation of more solid cicatricial tissue. The occurrence of this latter alone can only act as an adjuvant, however, not preventing but simply deferring the final recurrence. A glance at the cases of

crural hernia, in which sutures were not employed, will reveal the fact that the omission of this heretofore considered important point in the operation produced no unfavorable influence upon the final result.

Stress is laid in considering the technique upon the importance in those cases in which the sac is not easily loosened, of permitting this to remain *in situ*; but should this latter course be deemed advisable, the division of the neck of the sac should never be omitted. The manipulation of the parts and the injuries inflicted upon the tissues by this as well as tearing the sac loose with the fingers, is to be avoided.

In contrast with the experience of the Billroth clinic, attention may be called to the recent utterances of Lucas Championniere upon the mortality following efforts to bring about a radical cure of hernia, in cases in which this consideration alone is brought forward (cases of uncomplicated and non-strangulated hernia.) From May, 1887, to May, 1889, there was operated at the Hospital St. Louis, in Paris, 103 operations upon cases of this character, without a single fatal case (*Bull. et mem. de la soc. de Chir. de Paris*, T. xv, p. 636). This favorable showing is attributed to the employment of the most stringent precautions of an aseptic character.—*Annals of Surgery*.

#### SOME OBSERVATIONS UPON THE TREATMENT OF EPIDIDYMITIS.

Dr. Samuel Alexander (*Journal of Cutaneous and Genito-Urinary Diseases* for December, 1891) states that he has for some time been in the habit of treating acute and sub-acute cases of this affection by the instillation of a weak solution of nitrate of silver in the posterior urethra, by Keyes' modification of the Ultzmann method. He has had no bad results, but on the contrary has been rewarded with fewer cases of relapse than is usual. He also thinks that if the treatment is begun early enough, *i. e.*, "upon the first indication of the extension of an urethritis into the posterior urethra, epididymitis will often be prevented. . . .

The solutions used vary, usually, from three to eight grains of nitrate of silver to the ounce of water, but in very sensitive persons it is advisable to use a weaker one—one grain to the ounce, and not more than fifteen minims should be injected. The instillation is repeated in twenty-four or forty-eight hours, according to the effect produced by the first. . . After the acute symptoms of the epididymitis have subsided, it may be necessary to increase the strength of injections to cure the urethritis." The advantages claimed by the author of this method of treatment are:

1. That it appears to shorten the duration of the attack.

2. That it lessens the tendency to relapse.

3. That it shortens the duration of the accompanying urethritis, because there need be no cessation in treatment during the existence of the epididymitis.

These deductions are derived from a series of forty cases.

#### ON CARBOLIC GANGRENE.

A. Frankenburger (*Inaug. Dissul.*, Erlangen, 1891) points to the dangers arising from the prolonged use of even weak solutions of carbolic acid. Severe disturbances of nutrition have been known to follow even a 2 per cent. solution, used in moist dressings upon the extremities. According to F.'s observations, and as a result of his experiments upon animals, the disease is due not only to the effect of the acid upon the vaso-motor nerves, but to the destructive effects of the agent upon the blood corpuscles themselves, both red and white. This latter seemed to partake of both a chemical and mechanical influence, stasis occurring first in the capillaries, and finally in the larger vessels, the nutrition of the part being interfered with, and the removal of waste products being prevented. Maceration of the epidermis favors evaporation, and a process of mummification or dry gangrene results. The disease is of rare occurrence, and some predisposition on the part of the patient is probably present.—*Brooklyn Med. Jour.*

## Miscellany.

### HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending December 25, 1891:

WARD.	Measles.		Scarlet Fever.		Whooping Cough.		Diphtheria.		Croup.		Typhoid Fever.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....							2					
2.....	1						1					
3.....							1					
4.....			1									
5.....			1	1								
6.....												
7.....			2				1					
8.....			1									
9.....	1		1				1					
10.....							2	2	1			
11.....							2					
12.....			1				1	1				
13.....												
14.....												
15.....			2				2					
16.....												
17.....												
18.....												
19.....							1					1
20.....								1				
21.....												
22.....												
23.....			1				1	1				1
24.....							5					
25.....												
26.....			2				4					
27.....								1	1			
28.....			3					1				
29.....			5				1					
30.....			1				2					
Public Institutions.....												
Totals.....	2		21	1			26	7	2	3		3
Last week.....	3	1	43	5	3		23	13	2	3	7	5

Mortality Report for the week ending December 25, 1891:

Croup.....	3
Diphtheria.....	7
Influenza.....	34
Scarlatina.....	1
Typhoid Fever.....	3
Other Fevers.....	6—54
Phthisis Pulmonalis.....	24
Other Chronic Diseases.....	7—31
Bright's Disease.....	3

Bronchitis.....	12
Convulsions.....	5
Heart Disease.....	7
Meningitis.....	6
Peritonitis.....	1
Pleurisy.....	2
Pneumonia.....	42
Other Local Diseases.....	18-96
Deaths from Developmental Diseases.....	18
Deaths from Violence.....	8
Deaths from all causes.....	207
Annual rate per 1,000.....	35.88
Deaths under 1 year.....	33
Deaths between 1 and 5 years.....	20-53
Deaths during preceding week.....	211
Deaths for corresponding week of 1890...	99
Deaths for corresponding week of 1889...	109
Deaths for corresponding week of 1888...	84

J. W. PRENDERGAST, M.D.,  
Health Officer.

## OHIO HEALTH BULLETIN.

Infectious Diseases reported to the Ohio State Board of Health in 56 cities and towns during the week ending December 25, 1891.

**Diphtheria:** Akron, 2 cases; Carthage, 1 case; Cincinnati, 26 cases, 7 deaths; Cleveland, 26 cases, 8 deaths; Clifton, 1 case; Columbus, 4 cases, 5 deaths; Dayton, 9 cases, 1 death; Fostoria, 1 case; Lima, 2 cases, 1 death; Lorain, 1 case; Mansfield, 3 cases; Middletown, 1 case; Milford, 2 cases; Salem, 1 case; Springfield, 4 cases; Sycamore, 2 cases; Toledo, 4 cases; Xenia, 1 case; Youngstown, 2 cases.

**Scarlet Fever:** Ada, 1 case; Akron, 2 cases; Amelia, 11 cases; Bedford, 2 cases; Bellefontaine, 2 cases; Cincinnati, 21 cases, 1 death; Cleveland, 17 cases, 1 death; Columbus, 5 cases, 1 death; Coshocton, 4 cases; Dayton, 3 cases; Findlay, 1 case; Ironton, 7 cases, 2 deaths; Logan, 7 cases; Middletown, 3 cases; Milford, 3 cases; Millersburg, 4 cases; Springfield, 4 cases; Sycamore, 1 case; Toledo, 1 case; Wellston, 2 cases; Xenia, 2 cases; Youngstown, 7 cases, 1 death.

**Typhoid Fever:** Cincinnati, 3 deaths; Cleveland, 1 death; Crestline, 1 case, 1 death; Dalton, 1 case; Lorain, 1 case; Milford, 2 cases; Sherodsville, 1 case, 1 death; Toledo, 2 deaths; Wellston, 1 case.

**Measles:** Cincinnati, 2 cases; Cleveland, 6 cases; Clifton, 1 case; Springfield, 10 cases; Youngstown, 72 cases.

**Whooping-Cough:** Caledonia, 1 case; Cambridge, 2 cases; Cleveland, 1 death; Lorain, "epidemic," Milford, 7 cases; Salem, 3 cases; Toledo, 1 death; Youngstown, 8 cases.

No infectious diseases reported to health officers in 11 towns.

C. O. PROBST, M.D., Secretary.

SUBSCRIPTIONS to LANCET-CLINIC may commence at any date.

## SICK PAY FOR INSURANCE NURSES.

Next to physicians, or perhaps even more than physicians, nurses are most exposed to the contagion of disease. There is no greater protection against disease than a good physical condition, in which the stomach craves and digests food, the intestines, the kidneys, the skin, and the lungs remove waste products promptly, the liver elaborates the crude nutrient material into the finished product ready for use in construction and repair, and secretes in abundance the antiseptic bile; and, in short, the whole economy acts as one compact and well-disciplined army, with all its branches—the cavalry, the infantry, the artillery, and the engineer corps—working in harmony each with the other, and each in its own particular sphere. Bacilli may then attack, and micrococci may marshal their forces in vain, the human citadel is impregnable, and the garrison within laughs at the liliputian host which seeks to do it battle. But let discord enter in, let one or other arm of the service become disabled or insubordinate, then all are disabled, and the besieging forces without soon succeed in gaining an entrance, and the battle within the walls becomes a struggle for life or death, or for the even more to be dreaded imprisonment of chronic and disabling disease.

But, to return to our proposition, there is no better preservative against disease than sound physical health, which itself depends in great measure upon a regular life, a regular time for meals, and a regular and sufficient time for sleep. This the nurse cannot have, yet she (or he) is often living in a disease-laden atmosphere, breathing in pathogenic germs in such numbers that it would tax the strongest organism to resist them. Moreover, the labor of nursing is often excessive and most fatiguing; and who has not learned by his own experience that fatigue or the loss of sleep exposes one most certainly to "take cold," if nothing worse?

Some time ago a mutual aid, or rather a mutual sick pay assurance society, known as the Nurses' Royal

National Pension Fund, was organized in England, and was most successful from the start. The nurses were quick to see the advantage of membership in an association of the kind which would insure them independence if incapacitated for a longer or shorter period by disease, and in old age, should they attain it. Now a similar society has been organized in this country on the lines of the Royal National Pension Fund. Mr. Burdett, to whom was due in great measure the organization of the English society, spent several weeks here during the past autumn, and was invited to address meetings called for the purpose of organizing similar societies here in New York, Boston, Philadelphia, and Baltimore. Many of the most prominent physicians and laymen in these cities became interested in the work, and now the accomplishment of the desired object is secured.

It was decided to organize the association under the laws of this State, which require that a fund of \$100,000 must first be provided for the security of the policy-holders, and this fund was immediately secured through the liberality of Messrs. J. Pierpont Morgan and D. O. Mills. It is intended to raise \$250,000 as a permanent fund, which, with what may be received in the shape of annual dues from the members, will be ample to meet all sick payments and pensions. We congratulate all concerned in the establishment of this most useful organization, which, in the hands of those who have it in charge, cannot but prosper. And the thanks of American nurses are due Mr. Burdett for his efforts in their behalf.—Editorial, *N. Y. Med. Record*, December 12, 1891.

#### SOME STARTLING STATISTICS.

The thirty-fifth report of the Reformatory and Refuge Union states that in Great Britain and Ireland 145,000 persons are every year committed to prison as drunkards, of whom 112,000 are men and the rest women.

An English paper, from statistics taken from the press of the United Kingdom, reports the records of murders of women by inebriated

bands, since January 1, 1889, to January 1, 1891, to be 3,004.

In a late debate in the German Reichstag it was stated that there are at present 11,000 persons in hospitals and insane asylums who are suffering from delirium tremens.

The police report states that the licensed houses in London, England, number 14,085, giving one to every 413 of the population.

Of the 30,000 criminals in German prisons, 14,000 were arrested for crimes committed under the influence of intoxicating drinks.

During the seven months of 1891 ending August 1, California shipped to Eastern cities 6,094,616 gallons of wine, being an increase of 1,240,120 gallons over the shipments during the same period in 1890.—*Quarterly Journal of Inebriety*, October, 1891.

#### THE PRAISE OF DRUNKENNESS.

Dr. George Foy sends to the *Medical Press and Circular* the following letter, which ought to be of extreme interest in connection with the present agitation on the subject of drinking. Dr. Foy writes: "As an evidence of the altered social habits of the general public, I wish to bring a curious old volume under the notice of your readers. It was printed for E. Curl, against Catherine Street, in the Strand, London, in 1724, and is marked 'Price Five Shilling.' The title is as follows: 'Ebrietatis Encomium, or the Praise of Drunkenness; wherein is authentically and most evidently proved, the NECESSITY of frequently GETTING DRUNK; and, that the PRACTICE of getting DRUNK is most ANTIENT, PRIMITIVE and CATHOLIC. Confirmed by the example of Heathens, Turks, Infidels, Primitive Christians, Saints, Popes, Bishops, Doctors, Philosophers, Poets, Freemasons, and other men of LEARNING in all Ages. By Boniface Oinophilus, de Monte Fiascone, A.B.C.'"

"Vinum Narrat Sapientiam cor hominis, et Prisci Catories, caluisse virtus."—HORAT. lays down the following rule: "The rules are: getting drunk, to wit: ing

1. Not too often. 2. In good company. 3. With good wine. 4. At convenient times. 5. Force no one to drink. 6. Do not push drunkenness too far. The volume ends with a postscript by F. Sans-Terre, dated May 1, 1723, '*From my Garret in Bandy-legged Walk. A year made memorable by the death of 'Vanessa.'*'—*N. Y. Med. Record.*

### THE INFLUENZA.

The influenza has now appeared in Vienna, Bucharest, and Berlin, and is also prevailing to an even more alarming extent in Lemberg, Kiew, and St. Petersburg. Evidence, too, is not wanting that some recrudescence of it has taken place in various parts of this country; in certain districts of Scotland it is most pronounced. However disturbing these facts may be, from the point of view of the public health, we fear that nothing less was to be expected. Everything points to the fact that there is great probability that for some years yet we shall have various outbreaks of the malady, the nature of which will show, as time progresses, a gradually diminishing intensity, until finally it ceases to appear. Now that we may look for a marked increase in the number of cases of influenza, under the present climatic conditions, too much care cannot be taken in guarding against catarrhal attacks and in adopting precautionary measures in connection therewith upon the first suspicion of an illness being attributable to the influenza. Neglect under these circumstances would be calculated to lead to serious results.—*Med. Press and Circular.*

### TUBERCULIN.

The publication of Koch's last manifesto concerning tuberculin, has called forth several opinions of this substance, and criticisms of Koch's work. Two of the most important of these, by Klebs (*Deutsche med. Woch.*, November 5th) and Hueppe (*Berliner klin. Woch.*, November 9th) form the bases of an editorial in the *Lancet* of November 14.

Professor Klebs publishes a state-

ment in anticipation of a more detailed work, in which he appears in the peculiar position of defending tuberculin against its own discoverer. Koch appears to believe that the injurious effects following large doses of tuberculin are due to the substance itself; whereas Klebs does not think so, and accounts for the fact that the same substance which acts curatively in animals produces injurious symptoms in man, by the explanation that animals are immune to the noxious elements of crude tuberculin. These injurious substances are, no doubt, alkaloidal in nature, and it is from these substances that Klebs has been trying to rid tuberculin. He has succeeded in extracting from the purified tuberculin of Koch the active substance without much admixture of these alkaloidal substances, and proposes to call it "tuberculocidin." It is an albumose, and it, or its combinations with tannin or other participants, has an undoubted effect in tuberculosis, never exciting fever, and producing marked improvement. Hectic and night sweats disappear; signs of catarrhal process in the lungs, together with cough and expectoration rapidly diminish; appetite and body-weight increase. The bacilli in the sputum become granular, and less and less capable of receiving the staining reagents, and finally disappear.

Apparently neither Koch nor Klebs have taken any notice of the work in the same direction by Cheyne and Hunter, published last summer; in fact, Koch's paper has been widely criticised as containing a slight on all other bacteriologists.

Hueppe, among others, strongly protests against these "communications" of Koch's, and asserts that the latest of them contains nothing that had not been independently shown by others, whilst it does not go so far even as their work has in the isolation of the active principle of tuberculin. He quotes Professor Koch's earlier criticisms of M. Pasteur, against his own present methods of publication of his researches. And he might have added that no work of the French *savant* was ever produced with the air of mystery that did so much harm in the first announcements

upon tuberculin. Finally, Dr. Hueppe deals severely with the accusations brought by Professor Koch against bacteriologists in general, and shows how ill-founded they are.—Editorial, *Boston Med. and Surg. Journal*.

#### AMERICANS IN THE RIVIERA.

The *British Medical Journal* of December 5, 1891, says:

The *New York Medical Record*, with characteristic enterprise, has commissioned a member of its staff, Dr. Wendt, to visit the Riviera and the health resorts of the south of France in order to study and to report on the healthy conditions and the sanitary (or insanitary) arrangements, municipal and domestic, of the towns and hotels at such places as Cannes, Nice, Pau, Hyères, Mentone, Monaco, San Remo, Alassio, Bordighera, Florence and Naples. He will find much to exercise his industry and acumen — much to blame, something to encourage, and many causes for warning to his country-

men. American visitors to the Continent are particularly liable to typhoid — of which the frequently recurring and sad examples are probably the main cause of this journalistic tour of inspection. Part of this special liability probably arises from their habit of drinking iced water. So long as, following the advice of Dr. Herman Weber, they confine themselves to natural mineral waters of recognized purity, they are safe. But these are not always at hand, and all do not yet understand that icing or aerating polluted water detracts nothing from its risks, and that even ice itself made from impure water is a source of danger. Where only "local drinking water" is to be had in the Riviera or anywhere on the Continent of Europe, it should always be first boiled and then filtered, as Dr. Gowers advises.

OWING to new sanitary measures in England, there has been a diminution of more than 30 per cent. in the death-rate from consumption since 1861.

## Mellin's Food FOR INFANTS AND INVALIDS.

**A SOLUBLE DRY EXTRACT**, prepared from Malted Barley and Wheat, consisting of Dextrin, Maltose, Albuminates, and Salts.

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— *Materia Medica and Therapeutics*, Dr. Mitchell Bruce.

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## CONTENTS.

### ORIGINAL ARTICLES.

- THE USE OF STRONG SOLUTIONS OF NITRATE OF SILVER in Obstinate Cases of Chronic Cystitis of the Urinary Bladder. By W. E. Shaw, M.D., Cincinnati. 35  
SUPRA-VAGINAL HYSTERECTOMY. By J. M. Baldy, M.D., Philadelphia, Pa. 39

### SOCIETY REPORTS.

- ACADEMY OF MEDICINE.  
Meeting of November 16, 1891.  
Discussion on the Use of Strong Solutions of Nitrate of Silver in Obstinate Cases of Chronic Cystitis of the Urinary Bladder. 42  
An Amusing Case. By W. H. Wenning, M.D. 43

### CORRESPONDENCE.

- THE MEDICAL PRACTICE BILL. By D. S. Maddox, M.D., Marion, O. 46

### EDITORIAL.

- WHAT NEXT? 47  
EDITORIAL NOTES. 49

### TRANSLATIONS.

- Gonorrhea. 38  
Professor Nothnagel on the Present Epidemic of Influenza. —Action of Salicylate of Soda on Pleuritic Exudations. 44  
Disinfection of Rooms. 51

- Treatment of Pachydermia Laryngis — Chronic, Dry Laryngitis.—Diphtheria and Croup.—Double Chloride of Gold and Sodium in Diabetes Mellitus. 45  
Treatment of Diabetic Coma.—Gastralgia.—Atropine as a Hemostatic. 46

### SELECTED.

- To Determine Pregnancy. 41  
Physiology of Gastric Digestion. 54  
The Indications for Quinine. 55  
Pneumonia: The Production of Immunity Against, and its Cure. 56  
Rat-Tail Sutures. 57  
The Treatment of Fractures of the Humerus Involving the Elbow-Joint.—The Antiseptic Functions of the Liver. 58  
Creasote in Tuberculosis.—Influence of Potassium Bromide on the Course of Experimental Tuberculosis.—Transformation of Virus. 59  
A New Method for Resection of the Elbow-Joint.—Total Resection of the Carpus by the Dorsal Method. 60  
Vaginal Hysterectomy for Pelvic Suppuration.—The Frequency of Gall-Stones. 62  
Chylous Ascites and Carcinoma of the Pancreas.—Spontaneous Dislocation of the Hand. 63  
A New Method for Detection of Tubercle Bacilli in the Sputum. 64

[Contents Continued on advg. page 5].

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# THE CINCINNATI LANCET-CLINIC:

A WEEKLY JOURNAL OF  
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Whole Volume LXVII.

## Original Articles.

### THE USE OF STRONG SOLUTIONS OF NITRATE OF SILVER IN OBSTINATE CASES OF CHRONIC CYSTITIS OF THE URINARY BLADDER.

A Paper read before the Academy of Medicine,  
November 16, 1891,

BY

W. E. SHAW, M.D.,  
CINCINNATI.

I beg the indulgence of the Academy for going back ten years and digging up a single case in my experience to report as an illustration of this method of treatment, for we all know that ordinarily an experience limited to a single case is of very little practical worth. I offer as an excuse for presenting this old case that there are comparatively few references to this method to be found in medical literature. On the contrary, there are very emphatic cautions against this very procedure in almost all surgical text-books and other works treating of diseases of the bladder.

I have asked probably twenty of my medical friends their opinion of this method. Their answers have been either "Know nothing about it," or with a look or gesture indicative of the terrible effects that would follow the injection of a grs. xx to 3i to 3i solution of nitrate of silver into the bladder, would say: "Don't you do it, it would be extremely dangerous," etc. I shall never forget the expression of supreme disgust that came over the face of one of our elder surgeons, now dead, whose opinion I greatly prized and whose memory I greatly revere. He seemed

to think it highly ridiculous that any sane surgeon should advise a procedure that would undoubtedly be followed by such disastrous results. "Why," said he, "you inject such a strong solution into the bladder and you would have a slough of the whole mucous membrane. *Whatever you do, don't do that.*"

Taking into consideration the sparseness of the literature on this method, the apparent general ignorance or strong condemnation of the practice among my medical brethren, along with the magical effect which the treatment had in my case, made me desirous of hearing the subject discussed by this body.

My attention was first directed to this treatment by reading a lecture of Prof. T. G. Richardson, delivered in Charity Hospital, New Orleans, and published in the *Medical News*, June, 1878, p. 85. I made a note of the lecture in my library index at the time, resolving to try the treatment should a suitable case, rebellious to milder methods, present itself. Richardson says that he had recognized the absurdity of weak injections of nitrate of silver into the bladder twenty years before, having had some experiments made showing that one hundred minims of urine would decompose over two grains of the nitrate. He lays down three rules upon which he places great stress:

1. *Be sure that you have a genuine case of chronic cystitis.*

2. *Be equally certain that the exciting cause has been removed or modified so as to exert no further influence on the disease.*

3. *Never undertake this method unless the urethra is sufficiently dilated to readily admit a No. 9 or 10 catheter.*

In making the injection the bladder is first washed out with tepid water

until it comes away clear. Then at least an ounce of a twenty grain solution is thrown into the bladder, preferably by means of an elastic ball syringe holding one or two ounces. If the pain ensuing is very great the fluid had better be withdrawn in three or four seconds; but if no severe pain is caused, ten seconds may be allowed to elapse. If no decided improvement takes place within ten days thirty grains to the ounce is used; and no impression having been made by this strength, even one drachm to the ounce may be used. It is an old rule in treating cystitis to avoid forcible distension of the bladder.

The case which I treated by this method was reported in the LANCET-CLINIC, July, 1882, p. 97. I first saw him professionally June 23, 1881. He was a squarely built man, thirty-five years of age, weighing 180 pounds. Family history good. Remembers being sick but once, with pneumonia, at the age of fifteen. He had been complaining of too frequent urination followed by pain for ten years. There had also been a progressive decrease in the size and force of the stream, as well as of the suffering. Notwithstanding the fact that he was constantly growing worse he did not consult a physician for five years, when the doctor caused him so much pain by his forcible attempts to introduce an instrument into the bladder that he resolved never to consult one again. After this butchery he lost blood from the urethra, at intervals, for two or three months, but subsequently lost none. He gradually grew worse, but the remembrance of his former experience caused him to stick to his resolution until at the time I first saw him, when he estimated that he had passed his urine on an average of forty times in twenty-four hours, each evacuation being made after much effort, and followed by intense vesical tenesmus. After some minutes of severe straining he succeeded in passing his urine, in a dribbling stream, in my

would be unable to make a stream. The urine was very ammoniacal, and of a milky color. A two-ounce bottleful standing over night would have a half inch of cream-colored sediment, composed mostly of pus cells, epithelial cells, some triple phosphate crystals, but no tube casts. Frequently mucopurulent masses would be voided, obstructing for a time the flow.

I attempted to pass a No. 10 sound, but was unable to get it further than the last portion of the spongy urethra, when it stopped against a very dense stricture. I was not able to get even the smallest filiform bougie into the bladder. During the week I made four unsuccessful attempts to pass the stricture. On June 30 Prof. Ransohoff saw him with me and we made a protracted effort, under an anæsthetic, but failed to get into the bladder. I made five more unsuccessful efforts, but on July 22 succeeded in passing a No. 1 English soft rubber bougie. At three following visits I was unable to raise the size above No. 3, which I tied in the urethra. The bougie seemed to straighten the canal, and he passed his urine much more easily with the bougie than without it. When the bougie was removed it had more resemblance to a cork-screw than a straight instrument. There were three distinct angles, which deviated from the axis of the instrument one-fifth of an inch. The largest bougie that could be introduced was left in over night for four nights, when I was able to introduce a Holt dilator and rupture the stricture, after which a No. 15 steel sound was easily introduced into the bladder.

There was no stone in the bladder, and I gave my patient the hope of soon being better. He had been taking medicine a month when the stricture was ruptured, and for six months following I gave him medicine, in the language of the immortal Mulberry Sellers, "internally, externally and eternally," washing out the bladder

the venerable gray-haired professor. Prof. Conner saw the patient with me and can bear testimony to the extreme obstinacy of the case, his great suffering and exquisite sensitiveness to the introduction of any instrument into the bladder. I gave the case a great deal of attention, and feel justified in saying that he received all benefit that could be given him by the internal administration of medicines, as well as from the injections ordinarily advised in the text-books.

I saw the case first June 23. The following January he was as bad as he had been at any time. Nothing appeared to have the least effect excepting large doses of morphia. The persistence of the disease was telling upon his robust constitution as well as upon my patience, so on the 23d of January (lacking but one day of seven months of continued treatment without benefit to the cystitis) I screwed up my courage, notwithstanding the many warnings I had received, and armed myself with the twenty-grain solution of nitrate of silver, and with trepidation called upon my patient. The urine contained about the same quantity of muco-pus as when I first saw him.

I introduced a No. 10 Jaques catheter, washed out the bladder as best I could, and threw into the viscus an ounce of the solution. The injection immediately excited great suffering. I removed the pressure from the bag and withdrew the solution in about six seconds. The pain produced was intense, and I quickly gave a hypodermic injection of  $\frac{1}{4}$  gr. of morphia. Patient was comfortable in fifteen minutes. Upon entering his room the next morning he greeted me with "I'm nearly well." His urinations during the night had been followed by very little pain. Instead of the long-accustomed milk sediment thickly covering the bottom of the vessel it was barely perceptible. I saw him next five days after the injection, and he claimed to be well—passed urine without a particle of tenaculum, which he had not done before for ten years.

I next saw him May 10, nearly four months since his cure. He does not

have to urinate more than once from 9 p.m. to 5 a.m.; frequently sleeps all night without waking. Has had no vesical pain since a few hours after the injection, excepting once, for a few seconds, while riding on a street car. He was very much alarmed, fearing a return of his difficulty at the next urination, but his fears were groundless. He thinks his health perfect, excepting a lumbago which has troubled him occasionally for two or three years. Urine, normal color, acid, sp. g. 1024, no albumen, showing crystals oxalate of lime under microscope.

Having some curiosity to know Professor Richardson's present views, and glad to communicate the good results of the treatment, I wrote him, and in his letter of reply he says: "It has now been quite twenty years since I began this plan of treatment, and in *no single case* have I had reason to regret its application. The injection is, of course, very painful in many cases, but as this is of short duration, and can be easily controlled by chloroform or morphia, it is a small consideration in view of the remarkable relief which soon succeeds. I have never been so fortunate as to cure a case by a single injection, but a lady now under my care has been so signally relieved after seven years of suffering that she declines a repetition of the operation. My patients have usually required from three to four applications, beginning with 20 grains to the ounce, gradually increasing the strength to 35 or 40 grains. In a few cases I have been obliged to use 60 grains to the ounce. In the hands of a skillful surgeon the operation is entirely free from danger."

The text-books that I have seen, viz.: Holmes, 1879, advises  $\frac{1}{8}$  gr. to 3i.; Roberts, 1890, 1 gr. to 3i.; Hamilton, 1886, 1 gr. to 3i.; Ernst Fenger, 1889,  $\frac{1}{8}$  gr. to 3i.; Mansell Mouillon, 1891, just mentions the remedy; Ashurst, 1889,  $\frac{1}{2}$  gr. to 3iv; neither Wyeth nor Walsham mention the remedy in this connection; Skene, in his "Diseases of Women," gr. 1 to 2 to 3i, increase strength gradually, but avoid a strength that causes severe pain. He says that 5i to 3i solution may be used

with great advantage, but cautions against more than 5 or 10 drops being used, laying down the rule of Professor Gouley on this point: "If a strong solution, use but a few drops; if the injection be large, the strength should be mild." Coulson, "Diseases of Bladder,"  $\frac{1}{4}$  gr. to  $\mathfrak{z}$ i; Phillips, gr. 1 to 2 to  $\mathfrak{z}$ i, but makes a reference to Reeve's cases in *Lancet*, Vol. I, 1853, where he reports on using successfully  $\mathfrak{z}$ i to  $\mathfrak{z}$ i. Bryant does not mention the remedy. Samuel W. Gross, 1876, recommends weak injections, saying that he has always been afraid of the strong injections recommended by McDonald and Hicks, although I think before his death that he strongly advised the strong solutions.

The first reference to anything like strong injections which I have found is an article published in the *British-American Journal of Medical and Physical Science*, 1847, Vol. III, p. 113, where Dr. R. S. McDonald reports using grs. iv. to  $\mathfrak{z}$ i. In the London *Lancet*, Vol. I, 1853, p. 536, Mr. Wm. Reeves, M.R.C.S., Lond., reports the cure of three cases of obstinate cystitis by using injections of nitrate silver  $\mathfrak{z}$ i to  $\mathfrak{z}$ i. He does not claim originality, but refers to some French surgeon whose name he had forgotten.

His first case, Reeves says, "had suffered twenty years, and consulted many physicians without benefit. He passed urine very frequently in quantities of not more than  $\mathfrak{z}$ i. Life had become such a burden that he was willing to submit to any treatment that promised improvement. The xx gr. solution was injected, after which he walked home—a mile—in great agony, which lasted for a few hours, after which he was free from all symptoms for six months, when he had a relapse, and came asking that the injection be repeated. A few months afterward it was repeated for the third time. Three years afterward the patient said he was still well, and 'never felt better in his life.'"

The second case, Reeves says, was a very agonizing one of one month's duration, and was cured by one injection.

One year afterward the case was still perfectly well.

His third case was the mother of seven children; cystitis for two years. Was a very obstinate and painful case, vomiting rosy, bloody mucous after much straining at each frequent urination. She was treated with the strong injection; suffered considerably for a time, but the cure was perfect, and one year afterward she was still well.

Braxton Hicks reports the use of from 5 to 15 grs. to  $\mathfrak{z}$ i in the *British Medical Journal*, 1874, Vol. II, p. 30, lauding the treatment in stubborn cases of this disease. Ricord has an article in the *Gaz. d'hopital*, 1850, on the strong solution, and it is probable that it is to his article Mr. Reeves refers. Besides the lecture of Prof. T. G. Richardson in the *Medical News*, 1878, he also has a lecture published in the *New Orleans Medical and Surgical Journal*, 1875, Vol. II, p. 832, where he reports a case of chronic cystitis of many years' standing cured by three injections of nitrate silver,  $\mathfrak{z}$ i and 3ss to  $\mathfrak{z}$ i. He speaks of this patient as having been of a very roving disposition, having been treated in many different cities—having been treated at one time by Dr. Reuben Mussey, at the old Commercial Hospital in this city. All treatment was of no avail until Dr. Richardson saw him, first using  $\mathfrak{z}$ i to  $\mathfrak{z}$ i, and one week later 3ss to  $\mathfrak{z}$ i, repeating the same at the end of the second week, when a perfect cure was accomplished.

Gentlemen, if I have succeeded in impressing upon your minds that this mode of treatment is not only legitimate in these obstinate cases of chronic cystitis, but the best treatment for most of the cases, I would be glad to hear of its more extended use.

514 Colerain Avenue.

[FOR DISCUSSION SEE P. 42].

#### GONORRHOEA.

The following (*Lo Sperimentale*, No. 18, 1891) is spoken highly of in gonorrhœa:

℞ Ergotin. . . . . dgms. 3 (grs. v).  
Aq. destillat., gms. 300 (fl. ℥ixss).  
Inject twice a day.

—[Pritchard.]

## SUPRA-VAGINAL HYSTERECTOMY.

A Paper read before the Philadelphia County Medical Society, December 6, 1891,

BY

J. M. BALDY, M.D.,

Professor of Gynecology in the Philadelphia Polyclinic; Surgeon to Gynecean Hospital; Gynecologist to St. Agnes's Hospital.

It is not the object of this paper to discuss the different methods of surgical treatment for uterine tumors, nor to more than incidentally touch upon their medicinal treatment. My personal practical experience in the surgical direction has been wholly that of supra-vaginal amputation, excepting in those cases of small uterine fibroids where it has been found advisable to remove the appendages only. In this connection I may say that where the opportunity presents to choose between the removal of the appendages and the enlarged uterus itself, I always favor the removal of the diseased uterus, along with the tubes and ovaries. The one and only point which comes into consideration in this decision is whether or not the uterus is large enough to be delivered through the abdominal incision. If it can be delivered, the hysterectomy is always performed. To my mind one of the great advantages gained in hysterectomy, by the extra-peritoneal method, over oöphorectomy, is that no stump or raw surface is left in the peritoneal cavity to become the seat of suppuration, or to whose freshened surface loops of intestine can become adherent. In uncomplicated cases the operation amounts to little more than an exploratory incision, and in my opinion is as safe as an ovariectomy.

I have operated fifteen times for large uterine tumors. In fourteen cases the uterus was removed, but in the remaining case the operation was ended as an exploration. Of the fourteen finished operations, two died.

The patient whose tumor was not removed was a white woman about thirty-five years of age. The growth had existed for more than ten years. When she was first seen she was in bed,

where she had been for some weeks, with an attack of abdominal pain. For months she had only been able to be about at odd times, and considered her life a burden. An operation had been proposed to her a short time before, and its dangers brought vividly before her eyes. She had continued to suffer from pain and hemorrhage, until, in spite of her former fears, she was, at the time I saw her, determined to have the operation performed at all hazards. In spite of her long suffering, she was still a strong, hearty-looking woman. The abdomen was opened at the Gynecean Hospital before a number of physicians, and the tumor found to extend above the pelvic brim. The intestines were adherent over it at various points, and had to be torn loose in order that a careful exploration could be made. The growth was found to be in the broad ligament, and was consequently immovable. The only adhesions which existed were the intestinal ones, which had been torn through. The removal of the tumor meant a complete enucleation of a solid growth, with all the chances of death from hemorrhage which such procedure entails. It was decided wise to end the operation, explain the condition to the woman, and let her decide whether or not she desired to risk its removal at some subsequent time, or preferred a trial at electro-puncture. The result was a complete symptomatic cure. It is now some five or six months since the operation, and the woman declares she has never been so well in her life; she attends to all her duties, goes to dances, and in all other ways leads an active life. She declares that the tumor is rapidly decreasing in size, and is most confident that it will disappear altogether. She looked at me most sceptically when I told her it would not go away, and that some day all her old symptoms would come back.

The last time I saw her—a month ago—I was considerably staggered by the fact there was an undoubted decrease in the size of the enlargement. It is barely possible that it may eventually turn out to be another example of a solid tumor becoming absorbed after

an exploration; several such cases have been reported by Tait and others.

One of the points of greatest interest to me in this case is the fact that her relief is not dissimilar to what is claimed for the electrical treatment. Had she gone to Dr. Massey for that treatment, as I advised her to do, and which she would have done had she not gotten well so rapidly, electricity would have obtained the credit for the cure. As it is, the lesson taught should not be lost. It is not possible that the great relief apparently obtained by the electrical is at times a mere coincidence? Or would not any profound impression bring about a similar result in at least some of these cases?

The two cases which died were both very bad subjects for operation, and their deaths can in no way be used as an argument against the operation. The true deduction to be drawn from the result in these two cases is that the operation should not be left as a last resort, as is advocated by Keith and the electricians, but that it should be undertaken early, and while the tumor and patient are both in a good condition of health. It is the same old battle which had to be waged so long and so vigorously in the case of ovarian cysts, and the end will be just as surely the same—that is, removal before the woman's health is broken down, and before the tumor becomes unhealthy and adherent.

The first death occurred in a colored woman, about thirty-five years of age. The tumor was extremely irregular, and extended up to the ensiform cartilage. The patient was in the last stages of emaciation, and could only walk with the greatest difficulty. It was a serious question in the minds of some of my colleagues, who examined her, whether the disease was not splenic or a malignant omentum. I was rather inclined to the latter opinion myself, and went to the operating-table prepared to meet any condition or complication whatever. The woman, her husband, and her doctor were all told that her chances for recovery without the operation were *nil*; with the operation that they were little better, although there was some, and the only chance. They all agreed

upon having the operation, and it was performed at the Polyclinic Hospital in the presence of my class. The omentum was adherent over the upper part of the tumor, which proved to be a nodular uterine fibroid. The omental vessels, which were as large as the radial, were tied and cut away, and the tumor delivered. The appendages were diseased, and on one side the tube was distended with caseous matter. A good pedicle was secured, and the woman was in her bed within the hour. For five and a half days there was but a single bad symptom—a pulse between forty and fifty beats to the minute. The bowels were opening daily of their own accord, the temperature was normal, the appetite was good, and solid food was being taken with a relish. The abdomen was flat, and there was a minimum amount of pain. She was so well that her doctor was notified that she was safe. At the end of the fifth day she began to develop bad symptoms; the abdomen gradually distended, the pulse became rapid and hard, the temperature slightly elevated, the bowels obstinately constipated, food was refused, and finally vomiting set in, and she died at the end of three and a half days from septic peritonitis.

How it was contracted is still a mystery to me, as there was no drainage-tube used, and the dressings had not been touched since the day of the operation. The stump was perfectly dry and sweet.

The second case was that of a white woman, thirty-two years. Three years ago she had consulted me, and refused operation, preferring electrical treatment. Off and on during this period she was under the care of Dr. Massey, and toward the end he resorted to electro-puncture through the vaginal vault. She stood this treatment fairly well for a few times, but finally supuration occurred and a sinus track opened on the outside of the left labia. Pus discharged freely from both the vagina and the outside sinus. When Dr. Massey asked me to see her with the view to an operation, she was bed-fast and could barely move; she was profoundly septic, and too tender to



handle. A finger in the vagina disclosed a fluctuating nodule, apparently of the fibroid, in the posterior cul-de-sac. This, taken in conjunction with the discharge of pus, made a pretty clear diagnosis of suppurating fibroid tumor following electro-puncture. I gave as my opinion that the only chance the woman had for her life was to get rid of the suppurating mass. Everybody concerned was willing and anxious that she should be given the chance, so I admitted her to my wards at St. Agnes's Hospital and performed the operation. The intestines and omentum were found adherent to the top of the tumor; the tumor was adherent in every direction to the pelvic walls; both ovaries were found posterior to the uterus, and both formed cysts as large as a goose-egg and an orange respectively; the tubes were both diseased. The appendages were closely adherent, and only freed with difficulty. It was found that the fibroid was not suppurating, but that one of the ovarian cysts was. The puncture-needle in one or more of the treatments had entered this cyst, which was almost directly in the median line, and was the "fluctuating nodule" which was detected at the first examination. The external sinus opened into this cyst, and when the tumor was removed it left the open mouth of the sinus behind, at the same time deluging the whole pelvis with the dark, virulent cyst contents. A clean removal of the uterus and both appendages was secured; the pelvis was flushed out most carefully and thoroughly, and a drainage-tube was placed at the opening of the sinus track. In spite of all precautions, the whole pelvis suppurated, and the woman died of septicæmia on the fifth or sixth day.

Certain it is that neither of these deaths ought to weigh against the operation of hysterectomy in cases where the conditions are fairly favorable. If cases are ever to be considered "last resort" ones, these come in that class, and had I been operating for statistics rather than for the good of the women, nothing would have induced me to touch either one of them.

As I have said, twelve cases recovered, and went home well women. With one or two exceptions, they were all complicated cases—short, thick pedicles, or pedicles which had to be manufactured; diseased tubes and ovaries; adhesions. One case had a nodule as large as the fist protruding into the vagina from the cervix. This mass had been sloughing for weeks, and the woman was deeply septic. The operation, which was performed at the Gynecæan Hospital, was done in two stages. With knife and scissors the sloughing tumor was removed from the vagina. The instruments were quickly changed, and a supra-vaginal amputation finished the operation. So septic was the woman, that when the stitches were removed on the eighth day the whole line of the incision gave way and the intestines protruded in a mass. They remained out for about two hours before I could be found to replace them. Fortunately, my assistant, Dr. A. C. Wood, reached the hospital earlier than myself, went immediately to work, and was just replacing the protruding mass as I walked into the operating-room. In spite of this accident she made a good recovery, and is to-day well and at her usual occupation. Two of the twelve patients who recovered from the operation are dead. The other ten, as far as I know, are alive and in better health than they have been for years. The two deaths were due, in one case, to a subsequent operation for an ovarian cyst; in the other, presumably to heart disease, as about six weeks or two months after her return home, while in apparent perfect health, she was suddenly seized with syncope, and was dead within half an hour.

#### TO DETERMINE PREGNANCY.

Dr. W. R. Lowman (*Med. Summary*) gives the following method: Examine under the tongue for two teats, about the size of No. 4 shot, each attached to a slender cord in which a nerve runs, connecting with the genital centre. They are pale in the non-pregnant, but in the encente they are purplish red.—*Western Med. Reporter*.

## Society Reports.

### ACADEMY OF MEDICINE.

#### OFFICIAL REPORT.

*Meeting of November 16, 1891.*

The President, GILES S. MITCHELL, M.D., in the Chair.

T. V. FITZPATRICK, M.D., Secretary.

DR. W. E. SHAW read a paper on

*The Use of Strong Solutions of Nitrate of Silver in Obstinate Cases of Chronic Cystitis of the Urinary Bladder (see p. 35).*

#### DISCUSSION.

DR. GUSTAV ZINKE:

The subject presented to us this evening is one of great practical interest. There was a time when nitrate of silver, solid or in solution, occupied the first and foremost position in the treatment of suppurating surfaces of any region, structure, or organ of the body. In my opinion it is a most useful remedy if properly employed, and an exceedingly dangerous one in the hands of those not familiar with its immediate and subsequent actions upon the tissues. Like all good remedies, it has been greatly abused, until at last it has fallen into disrepute. Fifteen years ago it was universally resorted to in the treatment of catarrhal inflammations of the conjunctiva, middle ear, pharynx, urethra, vagina and uterus, especially in the chronic form, accompanied by granulations. The results obtained were good, but not unfrequently disastrous consequences have been observed: Entropion, opacities of the cornea, deafness, strictures of the urethra and occlusion of the cervical canal. But all of these must be contributed to the indiscriminate employment of the remedy. In all acute and sub-acute inflammations of the mucous membrane this remedy has been abandoned with perfect propriety; in the chronic form, however, when the mucous membrane has become hypertrophied and covered by granulations, it acts by reducing the hypertrophy and restoring the tissue to a healthy condition. This I have proven

to my own satisfaction in cases of suppurative otitis media, of which hundreds of cases have come under my observation when I had the honor to be assistant to Professor Seely in the Eye and Ear Department of the Medical College of Ohio, as well as in my past general practice of fifteen years' duration. With equal success have I used nitrate of silver in cases of certain uterine affections, especially those which are complicated by a large, flabby granular cervix, eversion of the lips, and extremely patulous os. For the middle ear the drug is always employed in solution of from 15 to 30 grs. to the ounce. Upon the cervix it may be applied with the "solid stick" or in solution of from 30 to 60 grs. to the ounce. In all instances a second application should not be made until the effect of the first has been fully obtained. This will depend upon the strength of the application and the condition of the parts subsequently. I have had no experience with nitrate of silver in the treatment of cystitis, but my experience leads me to believe that, in properly selected cases, which are fortunately very rare, it is a good and effectual remedy in skillful and experienced hands.

DR. GEO. B. ORR:

In the treatment of chronic cystitis I have not used nitrate of silver for want of courage. The first time I used a strong solution I had far from good results. The action was so severe that pain and agony followed its use. I made but one injection of a strong solution; that was enough. I think that a twenty-grain solution is too stimulating. I have reduced it to a fraction of a grain.

In suppurating processes I know that it acts favorably. If a strong solution of nitrate of silver is applied to any mucous membrane it must be done quickly; if left on long it will have a destructive action. Even the practice is abandoned of treating intra-uterine troubles by introducing stick nitrate of silver, and we all know that the uterus will stand more than the bladder. Wyeth does not mention its use for the reason that there are other means much

better. He says give complete rest after supra-pubic cystotomy and drainage; and after complete rest for one month you will cure your case.

DR. WENNING:

I arise to second the remarks of the last speaker. I am surprised that such strong treatment should be advocated in the male bladder, especially if that case should have a stricture. My treatment of the female bladder is hot douching. If I ever use nitrate of silver at all it is never stronger than 5 grs. to the ounce. To throw a strong solution into the ear, bladder, or elsewhere, where it could not escape, would be running a great risk of producing necrotic changes.

DR. GUSTAV ZINKE:

Nitrate of silver should only be used where free drainage can be had or secured. Its good effects in uterine diseases will not be denied by those experienced in its employment. The man who applies the solid nitrate of silver twice a week, or oftener, for a month or more, will have trouble. I would prefer the injections of strong solutions of nitrate of silver to supra-pubic cystotomy.

DR. A. W. JOHNSTONE:

One point has been left untouched, that is, most of these cases, except in very young men, have sacculated bladders. This is a source of danger in the use of injections of nitrate of silver. I have used nitrate of silver in almost every cavity of the body, the action of which upon old suppurating surfaces of mucous membranes has been attended with the best of results. I never put strong solutions of nitrate of silver into the bladder for the reason that the obstruction is never completely removed. But after a supra-pubic operation I would not hesitate to use it. A supra-pubic operation is not a serious one, but one that is easily made.

DR. W. E. SHAW (in conclusion):

Possibly I did not succeed in making myself thoroughly understood as to what would constitute a suitable case for this method. The cases certainly are not common, this being the only one I have seen in ten years. When the strong injection is used I would again

*insist upon the three rules of Prof. Richardson being explicitly followed:*

1. *Be sure you have a genuine case.*
2. *Be sure the cause is removed or inoperative.*
3. *Urethra must admit No. 10 catheter.*

Rule 2 would practically exclude all prostatic cases. My friend Dr. Orr's case was of this class. The remedy should not be used where the cause is still operative. Dr. Johnstone's point in regard to sacculated bladder is well taken, perhaps, but the danger, I think, is more apparent than real, for the contained fluid in the sac would largely neutralize the salt. After the stricture was dilated in my patient he would empty his bladder in two or three seconds. The bladder never would contain more than two ounces before it would be expelled as though it were "shot out of a gun." A patient with sacculated bladder, suffering with cystitis, will not empty the organ in this spasmodic manner.

I take it, then, that the cases suited to this method are only those very stubborn cases, with large pus formation, having a contracted bladder, and which are not excluded by either of Richardson's rules.

DR. W. H. WENNING reported an  
*Amusing Case.*

A gentleman came into my office recently stating that he had a rather queer case. He had been married about two weeks, giving this as a part of the history. The night before, his wife, whilst they were both sleeping, had slipped off her marriage ring and slipped it on his penis. The penis was very much swollen. On examination I found the ring at the root of the penis, next to the mons veneris. I first tried to remove it by cutting it in two with a saw, but failing in this I finally succeeded in dividing it with a pair of cutting forceps; and bending the ends back with a pair of pliers, it came off without any further trouble.

**BINDING.**—A VOLUME ( $\frac{1}{2}$  year) of the *Lancet-Clinic*, cloth, leather back and corners, gilt lettering, for 75¢.

## Translations.

### FROM FRENCH AND GERMAN EXCHANGES.

#### PROFESSOR NOTHNAGEL ON THE PRESENT EPIDEMIC OF INFLUENZA.

In the *Neue Freie Presse*, of Vienna, for December 17, 1891, there is an account of a lecture on "Influenza" by Prof. Dr. Nothnagel, of the University of Vienna. It may be interesting to mention some of the main points dwelt upon by this most distinguished clinician:

It would be of the greatest importance to know whether the epidemic will increase in severity and extent; but no prognosis can be made; history must be appealed to. The influenza is an affection which dates back nine centuries; it is a disease which takes the form of the greatest epidemics, and extends farther than the cholera. For three or four years it assumed a most severe form; then it changed its character and ceased for twenty years; then it returned again and spread over greater or less territory, and again disappeared. At present the epidemic may become more severe and greater in extent, but it is impossible to determine the degree.

A second question of general interest is: How far is one protected against relapses? Does one attack give immunity or not? Is there more or less disposition to another attack as a consequence?

According to observations, one attack does not increase the disposition to another; but whether it lessens it or not, is undetermined. It is certain that the influenza is an infectious disease, but, in spite of all bacteriological investigations, the specific *agents* have not been discovered; we know, however, that the influenza can be miasmatic. It has been observed that the course of a great influenza epidemic is much faster than commercial travel. Some investigators have reached the conclusion that the affection is contagious as well as miasmatic; but this is only probable.

The old division of nervous, gastric and catarrhal should be maintained.

The influenza poison, like many other microbes, possesses the quality of affecting and infecting the whole organism. It has been noticed in the past that the fatal cases terminate in disease of the respiratory organs. It must be remembered that in influenza a croupous pneumonia can appear; but, besides this, there is also a genuine influenza-pneumonia, which, owing to the severe attack upon the heart, is more dangerous than the bronchial pneumonia. The prognosis is varied; individuals who are weak, or have heart disease, or are tubercular, are exposed to the greatest dangers.

As to therapeutics, no specific has been found. Above all, one is to be warned against the use of antipyrin and antifebrin.

The treatment should be symptomatic. As in the influenza-pneumonia the heart muscle seems to be affected, stimulation is suggested. Digitalis, wine, brandy and arrack are especially to be recommended; also subcutaneous camphor injections. In suitable cases baths may be employed.

ARTHUR MACDONALD.

Georgetown Medical School,  
Washington, D.C.

#### ACTION OF SALICYLATE OF SODA ON PLEURITIC EXUDATIONS.

The *Deutsche med. Zeitung*, No. 98, has an extract from a paper entitled "Contributions to the Therapeutics of Pleuritic Exudations," taken from the *Pest. med.-chir. Pr.*:

A farmer, aged twenty-nine, is attacked with bronchitis, accompanied by a pleurisy with exudation. In spite of various internal medicines, there seemed to be no tendency to resorption, and puncture with aspiration was contemplated, when an attack of acute rheumatism occurred. This was treated for four days with salicylate of soda, four grammes daily; on the fifth day the pains and other rheumatic symptoms, and, strange to relate, nearly the whole of the exudation, that had persisted for twelve weeks, had disap-

peared. The salicylate of soda was employed four days longer, whereupon the exudation gradually but steadily diminished, until complete resorption had occurred. Oerl, who made this observation, has, during the past five years, treated nine other cases with sodium salicylate, after such other remedies as antipyrin, phenacetin and pilocarpin had failed, and in all but two cases the result was satisfactory. In these two cases the disease was but of one week's duration, and it would seem that the drug was employed too soon; for, after waiting four weeks, its administration in these same patients was followed promptly by partial resorption.

The conclusions are:

1. Serous pleuritic exudations of long standing frequently disappear after the use of sodium salicylate in many cases.

2. The action of the sodium salicylate seems to be that of a specific agent in pleurisy, as well as in acute rheumatism.

3. The fact that past experience with this drug shows that there has been no tendency to re-accumulation, makes surgical interference in such cases not only less urgent, but almost wholly superfluous.

J. E.

## THERAPEUTIC NOTES

FROM FRENCH, GERMAN AND ITALIAN JOURNALS.

TRANSLATED BY  
F. H. PRITCHARD, M.D.,  
NORWALK, O.

### TREATMENT OF PACHYDERMIA LARYNGIS—CHRONIC, DRY LARYNGITIS.

Under pachydermia laryngis one understands a condition, analogous to trachoma in the eye, where the vocal cords and the surrounding parts are so influenced that there is a hoarseness of voice, which may even run into complete aphonia, and thus remain either intermittent or continuous. Alcoholists are especially liable to be attacked. Dr. Scheinmann, of the Berlin Polyclinic (*La Semaine médicale*, No. 57, 1891), has found a dilute solution of acetic acid to have more influence than

any other known treatment. He recommends inhalations of a 2 to 3 per cent. solution of acetic acid for ten minutes two three times a day, and, besides, he injects every day one or two small syringefuls of this solution into the patient's larynx. Under the influence of this treatment the thickened spots in the larynx become more transparent, soften and diminish in volume; the voice loses its hoarseness and gradually becomes normal. The treatment is by no means disagreeable.

### DIPHThERIA AND CROUP.

Dr. Gibert, of Geneva (*Le Progrès médical*, No. 48, 1891), employs the following potion in diphtheria and croup:

℞ Pilocarpine, . . .	cgms.	2 (gr. $\frac{1}{3}$ ).
Ammon. carbonat., .	gms.	2 (grs. xxx).
Potass. chlorat., .	gms.	3 (grs. xlv).
Syrup polygalæ, .	gms.	30 (fl. $\frac{3}{4}$ ).
Cognac, . . .	gms.	20 (fl. $\frac{3}{4}$ ).
Aquæ, . . .	gms.	130 (fl. $\frac{3}{4}$ ).

A spoonful every hour until the patient begins to perspire.

### DOUBLE CHLORIDE OF GOLD AND SODIUM IN DIABETES MELLITUS.

Dr. J. A. Robinson (*Gazzetta degli Ospedali*, No. 82, 1891) reports two cases treated successfully with the double chloride of gold and sodium. Dose, five drops of an aqueous solution twice or thrice daily. The dose was gradually increased until the physiological effects were obtained. The sugar disappeared from the urine; the thirst and hunger, as well as the polyuria, yielded to a treatment of eight weeks or more, while the general condition much improved.

The nitrate of uranium, one-sixth to one-half grain, has been used with alleged success in the treatment of this disease. Phosphoric acid in dilute watery solution has been recommended by a German writer (*Deutsche medicinale Zeitg.*, 1890) to assuage the thirst of diabetic patients. Arsenic—Fowler's solution—is also praised by some, while others prefer the solution of the bromide of arsenic. Antipyrine, morphine and

codeine have a temporary inhibitory influence upon the production of sugar. *Syzygium jambolanum*, a drug brought by the Hollandish marine physicians from the Dutch colonies in the East Indies, has been used with success in the treatment of this affection.—*Berliner klin. Wochenschr.*, No. 38, 1891.

#### TREATMENT OF DIABETIC COMA.

Dr. Reynolds (*Wiener med. Presse*, No. 47, 1891) recommends a plan which has given him excellent results in two cases. The patients are put to bed, mildly purged, and receive every hour three decigrammes (five grains) of potassium citrate, and are told to drink much fluid — tea, coffee, lemonade, water, etc. In all, four quarts of water a day should be taken. Under this treatment the two cases recovered, the only ones of twenty which were under his observation. An early diagnosis must be made. The approach announces itself by a feeling of malaise, anorexia, weakness, somnolence, pains in the left hypochondria, dyspnoea, an odor of acetone in the expired air and urine, albuminuria, and decrease of the glycosuria. In pneumonia in diabetic persons, to have the sugar to reappear in the urine and the polyuria again to set in, are favorable signs (see LANCET-CLINIC, October 31, 1891, p. 572).

#### GASTRALGIA.

The following (*O Galenos*, Etos 1, Arithmos 9) is spoken highly of in the treatment of gastralgia:

℞ Antipyrin.,  
Natrii bicarbonat. . . . . ana. ℥ij.  
Divide into four powders.

#### ATROPINE AS A HÆMOSTATIC.

Dr. Birwirth (*Le Bulletin médical*, No. 95, 1891) has used atropine with success as a hæmostatic in hæmoptysis, hæmatemesis and rebellious epistaxis. The hemorrhage ceases, as a rule, in ten minutes. Dr. Tacke has employed it successfully subcutaneously in uterine hemorrhages.

## Correspondence.

### THE MEDICAL PRACTICE BILL.

*Comments on the Powers of the Examining Board.*

MARION, O., Jan. 1, 1892.

*Editors Lancet-Clinic:*

I have read with much interest the proposed medical practice bill, as submitted by the committee having the matter in charge, and published in the LANCET-CLINIC.<sup>(1)</sup> On the whole it is a good bill: practical, liberal, and in no way inflicting hardship on any person who is a legitimate practitioner of medicine.

There is, however, one clause in it which, in my opinion, might as well be stricken out. I refer to Sec. 11, which confers on the examining board the power to refuse and to revoke licenses for unprofessional or dishonorable conduct. However salutary this clause might prove as a corrective agent, I have grave doubts whether the board would not exceed its constitutional power in trying to enforce it. The examining board will not sit as a judicial body, consequently will have no right to inflict punishment on an individual for dishonorable or dishonest conduct. Neither will the board be an arbiter of ethics, hence will have no right to decide what is unprofessional conduct in a physician. The right, and the sole right, which will be vested in this board will be the right to examine into and decide on the applicant's *technical* fitness to practice his profession. If he submits to the examiners a legal diploma, or passes the required examination, they will be in duty bound to grant him a license to practice, no matter what his moral or ethical status may be. Neither can they, after having once granted, revoke a license, and thus deprive a person of his means of livelihood.

This very clause, incorporated into the Illinois medical act, has been fruit-

<sup>1</sup> See issue of LANCET-CLINIC, December 12, 1891, p. 773.

ful of much litigation, and I am under the impression that the courts of that State have decided against the board in the matter. That the practice of medicine should be regulated by statute no sensible medical man will deny. Such regulations will, to borrow a moss-grown expression, "supply a long-felt want," in Ohio. But the committee intrusted with this matter must see to it that the bill presented to the legislature is not jeopardized by containing any clause of doubtful constitutionality.

D. S. MADDOX, M.D.

#### SCIENTIFIC CONGRESSES IN RUSSIA.

International congresses of anthropology, prehistoric archæology, and zoology are to be held at Moscow in August, 1892. M. Bogdanow is president of the Organizing Committee, which includes representatives of the principal civilized countries. Thus England is represented by Messrs. Flower, Ray Lankester, and Günther; France by fifty-six members, among whom are Prince Roland Bonaparte, MM. Pasteur, Milne-Edwards, de Quatrefages, G. Pouchet, C. Richet, etc.; Germany by Virchow, Weismann, Rosenthal, Leuckart, etc.; the United States by Messrs. Agassiz, Packard and Riley.—*Med. Record.*

#### LOCAL SOCIETY NOTICES.

##### CINCINNATI MEDICAL SOCIETY.—

Tuesday evening, January 12, Dr. RUFUS B. HALL will report a case of "Vaginal Hysterectomy for Cancer," with exhibition of specimen.

Dr. OLIVER P. HOLT will report a case of "Primary Tuberculosis of the Tonsils."

#### PUBLISHER'S NOTICES.

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## THE CINCINNATI LANCET-CLINIC:

*A Weekly Journal of*

**MEDICINE AND SURGERY**

ISSUED EVERY SATURDAY.


EDITORS:

A. B. RICHARDSON, M.D.

J. C. OLIVER, M.D.

L. S. COLTER, M.D.

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Cincinnati, January 9, 1892.

### Editorial.

#### WHAT NEXT?

"We are living, we are dwelling in a grand and awful time." One sign of the times is the wholesale slaughter of old and generally accepted beliefs. There *was* a time when medical men thought they had definitely and forever settled certain questions, but now nothing escapes the wrath of the modern iconoclast. In fact, we begin to feel that there has been some grand mistake in the economy of nature; that our eyes are not for seeing nor our ears for hearing; and that we have been imposed upon by those who thought they had really determined these things to be true and worthy of our acceptance.

These remarks are prompted by an article which appeared in the *Weekly Medical Review* of December 19, 1891. The subject of the essay was "Hygiene of Infant Life," and Elliott E. Furney, M.D., was the author. In the paper there were some statements which we

think ought not be allowed to go unchallenged.

The portion devoted to the feeding of infants is so wonderfully original that we shall make liberal extracts therefrom, and offer some *old-fashioned* comments upon them.

The first statement is one which shows a wonderful insight into the condition of babies at birth, for we are told that "every infant is born hungry." We are not in a position to say whether this be true or not, because our memory fails us, but we should not be surprised if it were so. We *do* know that this feeling begins early and lasts for a long time.

Wonderful as is the first discovery, it is not to be compared with the one we now ask you to peruse:

"Every mother who loves her offspring ought to be taught the truth; that woman's milk is an unsafe food."

Shades of our ancestors! we tremble when we think of the terrible risks you ran before this discovery was made! We are alarmed at the ignorance you displayed in blindly withdrawing your nourishment from a *woman's* breast. You nearly spoiled our chances in life by your indulgence in so unsafe and unscientific a method of eating. It is only through divine mercy that we are here at all. How could you, while professing love for your offspring, offer them so deadly a draught?

After throwing us into a state of profound nervous prostration by the above-mentioned statement, the author comes to the front with the following dietary:

"Almost any cooked food, if cleanly prepared and administered, is safer than woman's milk. The hygiene of infant life bears heavier on the one requirement of cleanliness than on all others combined. By attention to that one

requirement more children can be raised in health with any one of a score of sterilized foods fed from a tin-cup with a spoon, than with milk direct from the breast of even healthy mothers who live with their husbands."

From the above we gather that the innocent husband is the real disturbing cause, and that a live husband, or at least one who lives with his wife, will cause more disturbance in the intestinal canal of an infant than will cabbage and cheese, provided these latter are cleanly prepared and administered. Positively, it is too bad to place the husband in such an embarrassing position! We also judge from the above that the world would be far better were women never to live with their husbands.

The final statement we shall call upon our readers to read is:

"An infant whose mother or physician insists upon its being fed from the breast has a right to demand not only this attention to cleanliness, but, in addition, that the one who acts as its wet-nurse shall in all practices be as simple and in accord with Nature as is a cow, that she shall live apart from her husband; and only eat, drink and sleep like a simple, milk-giving animal, which for the time being she has chosen to be."

We believe that the ideas advanced by the essayist will be heartily approved by that class of women who desire to shirk the cares of maternity and would gladly avail themselves of any pretext for so doing; but we do not believe that the experience of ages and the accumulated observations of the entire medical profession should be set at naught by dogmatic assertions which are entirely at variance with facts. We believe in progress, but not in backward progression.

Any physician who has accurately observed the facts cannot fail to be im-



pressed with the fact that an infant deprived of mother's milk leads a precarious existence, and that the mortality among children who are fed with artificial food is many times greater than among those who are reared upon breast-milk.

If the mammary glands of woman are not for the purpose of furnishing food for the infant, why in the world do they exist? How can we close our eyes to this evident design of Nature? It would be equally reasonable to state that our eyes are not for seeing, or our ears for hearing.

We believe that such articles as the one referred to may do harm, because they may be taken as giving medical sanction to methods which are known to be faulty and which involve serious risk to infants.

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#### EDITORIAL NOTES.

Now, who would ever suspect that there lurked beneath the solemn exterior of Dr. A. N. Ellis the spirit of chivalry and romance? Yet it's there evidently, for it came to the surface most actively, when, on the 1st inst., the staid and snow-crowned doctor surprised all his friends by calling on a medical friend of this city and requesting him to accompany him and a young lady to a minister.

This gentle hint could have but one significance, and sure enough there was no mistake. The doctor actually had made up his mind to join the benedicts, and had also really prevailed on a most charming young lady to help him in his execution of this dire purpose. The *Cincinnati Enquirer* of the 2d inst. gives an interesting account of the method of the doctor's escapade.

The bride is Miss Laura Murphy, of Oxford, O., a beautiful and accom-

plished young lady, President of the Oxford University Alumnae Association, and daughter of a wealthy farmer and stock raiser of Butler County. The *Enquirer* says: "The proposal, acceptance and marriage occupied about one hour's time, while the courtship extended over a period of ten years."

The doctor may be a little slow in making up his mind—or perhaps it was not the doctor—at any rate, when the decision was once made it did not take long to carry it into execution.

We congratulate the doctor most sincerely on his good sense and good fortune, and commend his action to all the other venerable bachelors and widowers, with whom the profession in our city abounds.

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ANENT the proposed legislation in Ohio regarding "itinerant vendors" we notice a communication from the State Board of Health of Kentucky which makes known a provision of the Kentucky law particularly applicable to that proposed in Ohio. Their medical regulation act has this section: "Nothing in this act, or the acts to which this is an amendment, shall be so construed as to authorize any traveling empiric to register or practice medicine in any county of this State."

A circuit court judge has held that "even a physician properly registered and of previous good character lost all his privileges secured by registration when he became an advertising and traveling quack."

In the light of this legislation, that asked in Ohio against "itinerant vendors of drugs, medicines, etc." is not open to the just criticism of undue severity, at least.

Our Louisville brethren are preparing for an organized fight against quacks of all kinds, and we wish them

complete success in their undertaking. It is all the more incumbent upon this State, however, that it take some steps to regulate the practice of medicine within its limits, for Ohio will soon be the dumping-ground for all the adjoining States, each of which has regulating legislation which can be brought to bear whenever the profession takes enough interest in the matter to do so.

THE December number of the *American Journal of Obstetrics* announces the withdrawal from the editorship of that journal of Dr. Paul F. Mundé. Dr. Mundé has had charge of the editorial management of the above journal for the past eighteen years, and it is without doubt due to his energetic labors that the journal reached the eminent position it now holds, and it is with no small degree of regret that the medical profession will hear of his withdrawal from it. The pressure of other duties and cares and a desire to withdraw from journalistic labors has led Dr. Mundé to take this step. The journal has been transferred to Dr. Brooks H. Wells, who has ably assisted Dr. Mundé for several years, and who substantially conducted the journal for some time.

WE were pained to learn of the death of Mr. David Zenner, father of Dr. Philip Zenner, of this city, which occurred on the 28th ult., at his residence on West Ninth Street. He was a victim to the prevailing influenza which has proven so fatal to elderly people generally throughout the country. To Dr. Zenner and the family we extend our warmest sympathy.

## Bibliography.

### MEDICAL LITERATURE REVIEWED TO DATE.

#### A PRACTICAL RÉSUMÉ OF MODERN METHODS EMPLOYED IN THE TREATMENT OF CHRONIC ARTICULAR OSTITIS OF THE HIP.

By CHARLES F. STILLMAN, M.Sc., M.D.  
Published by Geo. S. Davis, Detroit, Mich., 1891.

The volume belongs to the Physician's Leisure Library, and contains a very good review of the methods adopted by leading surgeons in the treatment of the disease in question. The combining of the various methods is a happy thought, and deserves commendation.

#### HISTORY OF CIRCUMCISION FROM THE EARLIEST TIMES TO THE PRESENT: Moral and Physical Reasons for its Performance, with a History of Eunuchism, Hermaphroditism, etc., and of the Different Operations Practiced upon the Prepuce.

By P. C. REMONDINO, M.D. F. A. Davis, publisher, Philadelphia, 1891.

As an historical record the book is exceedingly valuable. The author has apparently read everything having any bearing upon the prepuce—in fact, everything bearing upon the male generative organs. The surgical part is not extensive, but what he says is good. We commend the book to the medical profession.

#### LESSONS IN THE DIAGNOSIS AND TREATMENT OF EYE DISEASES.

By CASEY A. WOOD, C.M., M.D., Formerly Clinical Assistant, Royal London Ophthalmic Hospital; Microscopist and Pathologist at the Illinois Eye and Ear Infirmary; Prof. of Ophthalmology, Post Graduate Medical School; Oculist and Aurist to Alexian Bros. Hospital, Chicago. Illustrated.

There are many practitioners of medicine who will not take the time to enter into the study of diseases of the eye from the standard text books and exhaustive treatises on the various

departments of ophthalmology, because the subject is one that would consume too many valuable hours; moreover their tastes and inclinations are for other departments of medical science, which to them are more interesting. Yet they all desire to be sufficiently well posted to be able to diagnose the principal eye affections, that they may treat the less serious cases intelligently and be able to judge what cases should be referred to the specialist.

In this little work they have recourse to such knowledge as is required for this purpose, for in less than 150 pages, the author mentions and describes briefly, most of the diseases of the eye. The book has no place in the specialist's library, but in the hands of the general practitioner it will find its greatest use. This is all the author claims for it.

The space consumed in detailing the various operations might have been used to better advantage, as few general practitioners will assume the responsibility of performing a cataract extraction or an iridectomy.

The price, twenty-five cents, is an argument in its favor. It is a number in "The Physician's Leisure Library," published by Geo. A. Davis, Detroit, Mich., 1891.

D.T.V.

#### DISINFECTION OF ROOMS.

Dr. Vilandt (*Gazzetta degli Ospitali*, No. 82, 1891) disinfects rooms by means of a mixture of carbolic acid and the ethereal essence of turpentine. One or two teaspoonfuls are poured into a tin dish full of hot water, which causes it to rapidly evaporate. This is kept in the patient's room during the whole time of the disease. (A Danish writer records a case of death where a similar evaporating apparatus, with a solution of carbolic acid, was kept boiling in an adult patient's room. The patient was suffering from diphtheria. He presented the symptoms of carbolic-acid poisoning—carboloria, acute nephritis and uræmia.—Dr. H. B. Barfod, *Ugeskrift for Læger*, No. 24, 1891).

—[Pritchard.

## Obituary.

### DR. JOHN A. THACKER.

Dr. John Adams Thacker, the editor, proprietor, and founder of the *Cincinnati Medical News*, died at his residence, No. 121 West Seventh Street, Cincinnati, Saturday, December 19, A.D., 1891.

This melancholy announcement will be a source of startling surprise and of mournful regret to the many hundreds of friends of the deceased, who have not heard of Dr. Thacker's brief illness and who have looked upon him as being only in the fruition of his powers. It has been but a few short days since he was engaged in the active duties of his profession, was concerned in some important changes in his household arrangements, and was busied with closing the current volume of the *News*, a part of the index of which had been prepared by himself. It was in the midst of this task that the fatal illness overtook him. The onset of the illness presented all the characteristic symptoms of "La Grippe," which speedily developed a pneumonia. Dr. Thacker was in no condition to stand the inroads of either of these diseases. Those who had noticed him closely for the last few months had marked a gradually developing anæmia. When, therefore, he was seized with a malady which is proving fatal to even the robust, it found him in condition to become an easy prey—so easy indeed that the end came before many of his nearest friends could be warned of the impending crisis.

Dr. Thacker was born at Goshen, Clermont County, O., January 1, 1833. He was the son of Dr. John Thacker. A few facts alone enable us to discern in the father certain traits which might have been taken as prophecies of the son. Thus, at the time of the senior Dr. Thacker's pupilage in medicine the old system of instruction by apprenticeship to a preceptor was, of necessity, in vogue, while the opportunities for acquiring the doctorate from a recognized institution of learning were both

difficult and expensive. The nearest available institution was the old Transylvania University at Lexington, and, almost without clinical facilities, it could not impart the instruction that was calculated to satisfy the conscientious aspirant for professional honor. In this dilemma the practitioner, in the wilds of a new State, applied himself to his books with renewed zeal, studied his materia medica in the fields and the forests with fresh assiduity, and acquired a familiarity with disease by bedside observations in the abodes of the frontiersmen. Having by these humble but effective means acquired a knowledge of his profession, he voluntarily applied to the then existing Southern Ohio Medical Society for examination, and was granted a diploma signed by Dr. Daniel Drake as president. The avenues to professional distinction were not at that time and place either broad or frequent. The position of most considerable prominence then was the post of surgeon to the State militia, and it was in this capacity that the elder Dr. Thacker was twice commissioned.

Dr. Thacker has told me on more occasions than one, that from earliest childhood he was imbued with a love for study. His mind evidently showed early tendencies to symmetrical development. In his early school days he became at once fond both of the natural sciences and of the classics. The result was that when he became a student at Wittenberg College he was blessed with a mental grasp which enabled him to at once compass the curriculum of both the scientific and the classical course. This was, however, an ill-advised zeal. With a very large brain and a highly sensitive nervous system, he had but a comparatively meager physical endowment. With this disproportion between brain and brawn, the young enthusiast soon broke down, and with extreme reluctance he had to withdraw for a time from his happy pursuit of knowledge. In the letter of withdrawal issued by the president the young student is spoken of as "an industrious student and a virtuous young man"—qualities which not only enabled

him to regain his health and return and secure the coveted prize, the baccalaureate degree, but which enabled him in later life to secure the still more coveted prize of honorable distinction in his chosen profession.

After this ample preparation, young Thacker became a student at the Miami Medical College, under the galaxy of brilliant men who then comprised its faculty—among whom were the celebrated Reuben D. Mussey and Jesse P. Judkins. His course of study was as uneventful as that of most young men. At the conclusion of his attendance upon medical lectures he wrote an inaugural thesis on "The Therapeutic Properties of Water." His final examination secured the unanimous vote of the faculty for his graduation, which took place at Melodeon Hall, February 25, 1856.

Dr. Thacker held a number of important professional appointments. Immediately after graduation he served as interne at the old Commercial Hospital. He then became Medical Officer to Lick Run (now Longview) Asylum for the Insane. It was this appointment that led to his election to the Chair of Psychology at the Cincinnati College of Medicine and Surgery, a position which he occupied with signal ability from the time of his election in 1863 to 1872. In the latter year, upon the demise of Dr. B. S. Lawson, Professor of the Principles and Practice of Medicine, Dr. Thacker was transferred to that chair, which he occupied until 1878, when he resigned. On the reorganization of the faculty in 1882, he again accepted the Chair of Practice under the deanship of his friend, Dr. R. C. Stockton Reed, the present executive officer of the school, but relinquished it the following year on account of ill health. Since that time he had delivered occasional lectures before the classes on microscopy, thus showing his continued zeal in the department of science in which he was so conspicuously proficient, and evincing a lingering fondness for the functions of a teacher—functions which he had always discharged with conscientious regard to the welfare of the pupil. He was a Fellow of the

American Academy of Medicine, and in 1879 he was, unexpectedly to himself and in recognition of his distinguished labors in microscopy, elected Fellow of the Royal Microscopical Society of England. About 1875 he had the honorary A.M. conferred upon him by Lafayette College.

Dr. Thacker has long been a conspicuous figure in medical journalism in Cincinnati, he having occupied the editorial tripod continuously for a longer period than any other one man in the history of the city. In 1868, he, in association with Drs. R. C. Stockton Reed, D. D. Bramble and others, organized a "Journal Association," and began the publication of the *Cincinnati Medical Repertory*, with Dr. Thacker as editor. From the outset the new periodical manifested vim and vigor. It at once took a stand for the medical interests of the West as against the then overtowering influence of the East, and it stood as the defender of the interests of medical Cincinnati as against those of all the earth.

Dr. Thacker, out of filial regard to an aged mother and an invalid sister, remained unmarried until well advanced in life. These obligations no longer resting upon him, however, he married Miss Rebecca C. Reno, of Walnut Hills, in August, 1879. The union was a most congenial, helpful and happy one. Mrs. Thacker survives her husband.

As his pupil of more than two decades ago, and as the friend of after years, I have sought to pay no tribute to the deceased other than that which may be told in plain, unvarnished narrative. He himself despised empty rhetoric. In his lectures he was wont to speak in plain perspicuity. In his dealings with men it was his amusement to tear down the mask of hypocrisy. In his dealing with misfortune and misery he had a sympathy for pain and a tear for sorrow. In his dealings with science he was the relentless foe of error. As I close this hasty sketch and think of him with all of his great mind, his great bravery, his great diffidence, his great tenderness, the final thought that occurs to me is that, taken all in all, he was a

manly man, he fought a good fight, and he died without malice. *Requiescat in pace.*

CHARLES A. L. REED.

## Selections.

### FROM CURRENT MEDICAL LITERATURE.

#### PHYSIOLOGY OF GASTRIC DIGESTION.

The foundations of our knowledge of the physiology of gastric digestion were undoubtedly laid by the careful study of the historical case of gastric fistula by Dr. Beaumont—the case of Alexis St. Martin. Animal experimentation and the test-tube reactions of the laboratory cannot be compared in accuracy to observations made directly upon the living human organism, when these rare opportunities arise which permit of such a study. Then, too, it may happen that a considerable rectification of current physiological doctrine has to be made, and the laboriously gathered results of many observers have to be replaced by those made upon a single case. Much depends, then, upon the skill and thoroughness with which the study of the process in the human subject are undertaken.

It must be admitted that these qualities are conspicuous in the recently published records of a study of the chemical processes of the small intestine by Drs. McFadden, Nencki and Sieber. The subject of their researches was a female patient under the care of Prof. Kocher, in whom an intestinal fistula had resulted from excision of a portion of gangrenous intestine due to strangulated hernia. The false anus was situated in the ileum just above the ileo-cæcal valve, so that the materials escaping thereby were wholly composed of the chyme which had passed through the whole length of the small intestine. For a period of nearly six months the woman lived under these conditions, permitting of a long series of observations relative to the time and

character of intestinal digestion under varying forms of diet, etc. At the end of that time Prof. Kocher re-established the natural channel by means of an operation which proved perfectly successful. It may be remarked at once that during the whole period when there was practically no large intestine, the patient gained in weight, and, as the urinary analysis showed, eliminated a fairly normal quantity of urea.

The procedure consisted in adapting a flexible tube to the fistulous outlet, so as to collect all the material that escaped, and to note its characters under varying circumstances. In consistency this "chyme"—if it may be so termed—was more fluid and diarrhœal when the diet was albuminous than when it was mainly of a vegetable nature. It was seen that the flow of chyme from the small into the large intestine is steadily continuous, being least marked during the night, owing to no food being then taken; and by some ingenious experiments (*e. g.*, the addition of hard beans to the food, or of salol, which allowed of the detection of salicylic acid in the matters escaping) it was shown that the passage of foods from mouth to cæcum occupies at the least two hours; but all traces of the substances introduced did not disappear for from nine to fourteen or even twenty-three hours. The rate of flow, of course, bears much relation to the consistency of the intestinal contents.

As regards the nature and properties of the evacuated materials, it is noticeable that they were almost free from odor, containing hardly any products of albuminous disintegration, such as indol and sulphuretted hydrogen; they were slightly acid in reaction, tinged yellow by bilirubin, and, according to the predominance of flesh or starchy matter in the food, showed muscle fibre, albuminous granules, vegetable fibres, starch granules, etc., and invariably a large number of various forms of bacteria. The filtrate yielded albumen, mucin, peptone, dextrose, the two forms of lactic acid, acetic acid, and the biliary acids and bilirubin.

The authors enter very fully into the characters of the bacteria they find,

many forms being special to the small intestine, others existing also in the mouth; but, passing over these, which would entail a full description to be intelligible, we may glance at the main results of their researches, which somewhat modify accepted physiological teachings. One point of interest is the fact that albumen is hardly, if at all, decomposed in the small intestine. Even the action of the tyrosin of the pancreatic juice is small, for leucin and tyrosin were not to be found. Probably, in health, albuminous disintegration takes place chiefly in the large intestine, and it is only in disease that it occurs in the stomach or small intestine. Amongst the products of such decomposition are iodol, skatol, phenol, sulphuretted hydrogen, carbonic acid, methylmercaptan, etc., all of which may be regained from the large intestine. The bacteria of the small intestine are concerned in the disintegration of the carbo-hydrates into lactic, acetic and succinic acids, and also into ethylic alcohol. The authors, in noting this last-named fact, cannot avoid a thrust at the total abstainers. It is generally believed that the chyme is rendered alkaline by the secretion of the small intestine, but they find that, owing probably to the reinforcement of gastric acidity by the organic acid resulting from sugar, the total quantity of acid is more than can be neutralized by the bile, pancreatic and intestinal juices. If, however, the alkalinity of these fluids be diminished, the intestinal contents are hyper-acid, and mucin is precipitated instead of being intermingled with the chyme. This explained the diarrhœal quality of the evacuations noted to be associated with a large amount of sugar and organic acid in the chyme. On the other hand, an excess of alkalinity favors putrefactive decomposition, the acids apparently holding in check the bacteria concerned in albuminous disintegration. A marked contrast in this respect was exhibited between the small and large intestine. Putrefactive bacteria could hardly be at all isolated from the former, whilst they abounded in the latter; but this is not owing to the influence of bile, which

Neacki showed to have no real anti-septic property.

The part played by bacteria in intestinal digestion is limited probably to the fermentation of sugar and carbohydrates generally, the excess of acid resulting from this fermentation being neutralized by the alkaline intestinal juice. But, much as bacterial life abounds in the intestinal canals, varying according to the kind and quality of the ingesta, it does not appear that the processes initiated by these organisms are of such value or importance in nutrition as the chemical ferments. Certainly the patient who was the subject of these observations gained in flesh, although for six months she was deprived of all the bacterial processes that go on in the large intestine.—*Lancet*.

#### THE INDICATIONS FOR QUININE.

Manquat (*Lyon Méd.*, October 25, 1891) gives a summary for the indications for quinine. In *malaria* it is efficacious in all types, besides being a preventive. Laveran showed that malarial microbes disappear from the blood after quinine has been taken for a certain time, and that the addition of a minute quantity of a weak solution to malarial blood destroys them. He considers that the white blood corpuscles are not directly influenced, but enabled more easily to subdue and seize upon the micro-organisms rendered dead or moribund by the drug. If given during or just before the onset of an attack quinine has no power to check it, while this may be prevented if taken at a sufficient interval beforehand. Baccelli made intra-venous injections of 1 g. during the onset, but during the first six hours could recognize no modification in form, number, or movement of the microbes. As the largest part of a given dose of quinine is eliminated during the sixth hour after ingestion, while according to Laveran it is during the onset that the microbes are present in the blood in greatest number, the drug should be given at an interval of about six hours before an expected attack. Quinine should be taken eight hours before shivering appears in quoti-

dian ague, twelve hours before in tertian, and from eighteen to twenty-four hours beforehand in the quarta variety. To these figures, however, another hour should be added; half an hour on account of the tendency of the onset of successive attacks to be antedated to that extent, and half an hour as allowance for imperfect absorption from impaired gastric action. For the last reason also, and to obviate its rejection, the required quantity should be given in two or three divided doses at half-hour intervals. Two doses, eight to ten hours before the expected onset of shivering, are almost always effectual. If the result be unsatisfactory, an aperient should be given.

Laveran states that no microbes are found in the blood of malarial patients after sulphate of quinine has been taken for eight days in doses of 0.6 to 0.8 g.; but that if after three or four doses it be discontinued, the microbes reappear, and a relapse occurs. Upon this is based his scheme of treatment, namely: During the first three days, 0.8 to 1 g. of hydrochlorate of quinine daily. No quinine during the fourth, fifth, sixth and seventh days. On the eighth, ninth and tenth days 0.6 to 0.8 g. None from the eleventh to the fourteenth day. On the fifteenth and sixteenth days, 0.6 to 0.8 g. None from the seventeenth to the twentieth day. On the twenty-first and twenty-second days, 0.6 to 0.8 g.

In very severe cases recourse should be had to hypodermic or intra-venous injection, or injection into the respiratory tract. A gramme of a salt of quinine may be injected subcutaneously, and repeated after a short interval; as a rule,  $1\frac{1}{2}$  to 2 g. are sufficient. The injection should be made into the deep subcutaneous tissue to avoid complications. The following formula may be used: R Quin. sulph. 1 g., acid. tart. 0.5 g., aq. destill. 10 g. The addition of a little antipyrin greatly enhances the solubility; 1 g. quin. hydrochlor., with 0.5 g. antipyrin will dissolve in 2 g. of water. When with severe depression there is reason to believe no absorption has taken place, the solution may be injected into the trachea through the crico-thyroid membrane. Baccelli rec-

ommends intra-venous injection as the most prompt and efficacious method in very grave cases (quin. hydrochlor. 1 g., sodii chlor. 0.75 g., aq. destill. 10 g.). The solution should be injected very slowly into one of the small venous branches at the bend of the arm.

In continued malarial fevers quinine must be given in larger doses. Laveran advises 1.5 to 2 g. daily (0.6 morning, 0.8 evening), till fever disappears. This nearly always happens by the second or third day. If fever persists with four days' treatment, it may be assumed to be non-malarial. When the temperature falls, 0.6 to 0.8 g. should be given daily for a short time. In malarial cachexia quinine wine may be taken with meals, but not fasting, or long before food, otherwise gastralgia and dyspepsia ensue. As a preventive, quinine is not effective in smaller doses than 0.25 to 0.30 g. It should be given also in all malarial complications and incidental affections (for example, neuralgia, hemorrhage, pneumonia).

In *typhoid fever* Jaccoud and others restrict its use to certain conditions, namely, non remission of fever, or very slight morning remission; an uninterrupted series of evening temperatures over 104°; cardiac failure.

In *pyæmia* quinine in large doses (1 to 2 g.) is the only remedy which has been in some measure successful; but as it has often failed when given alone, a definite conclusion as to its value cannot yet be drawn.

In *acute articular rheumatism* it has been frequently given with success, but is of much less efficacy than the salicylates or antipyrin.

In *Ménière's disease* quinine has been given with some success in daily doses of 0.6 to 0.8 g. for one or two weeks, followed by discontinuance for an equal period, and then by renewal of similar treatment. The first doses appear to cause exacerbation of the symptoms, and must be continued for some time before improvement occurs.

In *blennorrhagia*, tepid 1 per cent. injections of sulphate of quinine have proved of marked service. Rapid improvement began from the first, and continued till the fifth day, when, as a

rule, only a drop of cloudy discharge appeared. Complete recovery did not, however, ensue for some little time (quin. sulph. 1 g., bism. subnit., 5 g., mucilag. 10 g., glycer. 30 g., aq. destill. cal. 120 g.—Jullien).

Regarding the mode of administration of quinine generally, the sulphate, though most often used, is less suitable than the hydrochlorate, which is more soluble, contains more quinia, and is less subject to mould. A solution of 1 in 20 is very useful, but very bitter. On account of this, and its concentration, it is well to prescribe half a tumbler of some drink afterwards; coffee is a good menstruum. For rectal injection, the desired quantity of quinine should be dissolved in 100 to 120 g. of tepid water. If opium is not contra-indicated, the addition of 10 g. of laudanum is useful. The injection should be preceded by a simple enema.—*British Med. Journal*.

#### PNEUMONIA, THE PRODUCTION OF IMMUNITY AGAINST, AND ITS CURE.

In 1890 was published the important discovery by Behring and Kitasato that blood-serum taken from animals that had been rendered immune to tetanus and diphtheria was capable of curing other animals suffering from those diseases. Drs. G. and F. Klemperer (*Berliner Klinische Wochenschrift*, August 24 and 31, 1891) published a research carried out in regard to pneumonia, with the object of discovering how immunity against the pneumococcus could be best produced, whether recovery from the disease rendered an animal immune, and whether it was possible to cure pneumonia by the blood-serum of animals that had recovered from the disease. Their experiments, which were confined to rabbits, revealed that every nutrient medium in which the pneumococcus has been cultivated will, if inoculated, render an animal immune against pneumonic septicæmia, even after the cocci have been removed by filtration. The power of producing immunity is more speedily acquired, and is increased if the infected nutrient medium (before or after re-



moval of the cocci) is exposed to a temperature of between  $41^{\circ}$  and  $42^{\circ}$  Centigrade for two or three days, or of  $60^{\circ}$  for an hour or two. In every case, however, it was found necessary that some interval (varying from three to fourteen days) should elapse between the inoculation and the production of immunity. Hence it was too late to cure a diseased animal, or even to prevent the onset of an attack, if the injection was given simultaneously with the outbreak of the disease. On the other hand, serum taken from animals enjoying immunity was found able, especially when introduced directly into the circulation, to cure pneumonic septicæmia. The serum was injected twenty-four hours after infection, while the animals had a febrile temperature between  $105^{\circ}$  and  $106.5^{\circ}$  Fahrenheit. Eight cubic centimetres were injected, with the result that the temperature gradually sank during the next twenty-four hours. In twelve successive cases a successful result was obtained.

This research, therefore, confirms, in regard to pneumonia in rabbits, what Behring and Kitasato did for tetanus and diphtheria. Drs. Klemperer next studied the question how the blood-serum of an immune animal cures an attack of pneumonic septicæmia, and discovered that when the pneumococcus is introduced into the body of an animal it generates a poisonous substance which can be isolated, and to which the name of "pneumotoxin" has been given. This pneumotoxin sets up a febrile condition which lasts several days, after which another substance is found to have been produced, called "antipneumotoxin," which is able to neutralize the pneumotoxin. The serum taken from an immune animal contains this antipneumotoxin, and it is by means of this substance that it cures an attack of pneumonic septicæmia in other animals.

The relation of pneumonia as seen in rabbits with that met with in man was next investigated, and the conclusion arrived at that the disease in both cases is produced by the pneumococcus, but that the human body is much less susceptible to the latter than that of the rabbit. Thus it was found that serum

taken from pneumonic patients after the crisis could cure pneumonia in rabbits; moreover, pneumotoxin and antipneumotoxin were found to be present in human serum as that taken from rabbits. The crisis of pneumonia, according to Drs. Klemperer, takes place as soon as antipneumotoxin is produced in sufficient quantity to neutralize the pneumotoxin.

Why immunity against further attacks lasts so short a time in man is still uncertain, but possibly less antipneumotoxin is formed in man than in rabbits in proportion to the pneumotoxin. Some attempts have already been made to cure patients suffering from pneumonia with the help of antipneumotoxin, but further observations are necessary before results can be published.—*British Med. Journal.*

#### RAT-TAIL SUTURES.

About five years ago, while resident physician in the Presbyterian Eye and Ear Hospital of Baltimore, I saw Dr. Chisolm uses fibers from the tail of an opossum for sutures in some of his eye-work. I thought such fibers a good substitute for silk, and spoke to my brother, Dr. A. M. Belt, about it. Shortly afterward a rat was caught at his residence; he had the tail skinned and soaked for several days in water, after which, upon slight manipulation, it separated into perhaps a hundred fibers, each about eight inches in length. These were placed in alcohol and presented to me, upon request, for use in eye surgery. I found the fibers strong and much finer than those from the opossum tail, or any other animal suture, and have been using them quite extensively in suturing the conjunctiva in pterygium operations, and in advancing the recti muscles in correcting strabismus.

These sutures have been most satisfactory. As soon as moist they become agreeably soft to the eye, and have never to be removed, while silk sutures are rough and irritating as long as they remain in the eye, and their removal is somewhat painful. Patients from a distance are often detained five or six days

to have the silk stitches removed, when rat-tail sutures might be used and the patient allowed to depart immediately. These sutures will no doubt be found useful to the general surgeon and gynecologist when they need strong and fine animal sutures. About once a month, for two or three days, I soak the fibers in a corrosive sublimate solution (1:5000), and as I have never had any trouble whatever from their use, I think it probable that this suffices to render them aseptic.—BELT, *Med. News*.

#### THE TREATMENT OF FRACTURES OF THE HUMERUS INVOLVING THE ELBOW-JOINT.

Stimson discusses these injuries in the *Medical News* of October, 1891. He ascribes the causes of limitation of motion as being either a change in the relation of the articular surfaces or an overgrowth of bone, or more or less ossification of the ligaments and capsule. He describes three specimens in which motion was prevented by masses of new bone, the articular surfaces in one being injured. The cause of these new formations is either the persistent displacement of a fragment or the separation of the periosteum. To prevent their occurrence, perfect reduction with avoidance of any subsequent irritation to the periosteum is advised. Motion may also be limited by the formation of a cicatrix in the capsule and periarticular tissues.

In regard to the effect of passive motion, it may change the locality of the newly-produced bone, but will not obviate stiffness arising from it. The amount of limitation of motion being proportioned to the amount of inflammation in the surrounding parts, he claims that perfect rest is the best means to obviate it. The cicatricial tissue formed is only that which has come directly from the extent of the primary traumatism. The use of passive motion is deprecated during the stage of reaction when its use is followed by persistent pain and soreness. At a later period, as supplementary to the natural use of the limb, it has its value. Gunstock deformity from displacement of

one of the condyles is readily produced by pressure on the under surface of the olecranon when the posterior rectangular splint is used with a sling that supports near the elbow instead of at the wrist. The indications are to reduce the deformity and fix the parts in the correct position.

In treating joint fractures, in cases of doubt, use an anæsthetic. In supracondylar fractures the lower fragment is usually displaced upward and backward, and permanent traction is usually necessary in their treatment. This can be done by vertical suspension of the limb, or by the weight suspended from the upper part of the flexed forearm when the patient is erect. The weight should not exceed five pounds.

In intercondyloid fractures with marked separation, there is no practical means sure to maintain reduction, and considerable limitation of motion is to be expected. The author prefers for these a broad, heavy posterior plaster-splint extending from the axilla to the hand, the elbow being flexed at a right angle. Traction by a weight can also be used.

In fractures of either condyle, he advises a posterior rectangular splint of either metal or plaster with encasement in plaster at the second week, and support by a sling at the wrist. When dislocation is associated with fracture, immobilization, with the elbow flexed well within a right angle, is advised, also gentle massage and change of the angle of flexion from time to time. Splints should be worn for six weeks in the supra- and intracondylar fractures, and about four weeks for either condyle. After the removal of the splints, passive motion or special exercises should be used.—*University Medical Magazine*, December, 1891.

#### THE ANTISEPTIC FUNCTIONS OF THE LIVER.

Dujardin-Beaumetz (*Gazette Hebdomadaire de Médecine et de Chirurgie*, August 15, 1891), writing concerning the antiseptic functions of the liver, says that while, at the present day, it is proved beyond doubt that the liver

possesses antiseptic powers, there are no signs which show definitely when this function is being properly fulfilled. The problem has been approached in various ways. Haymen and Tissier claim that the presence of urobilin in the urine is a sign of a morbid condition of the hepatic cells. The presence of urobilin is easily detected by the spectroscope. It is certain that its presence indicates some derangement of the liver cells, but such derangement often exists without any urobilin in the urine. Roger claimed that a correlation exists between the glycogenic and antiseptic functions of the liver, and is only necessary to determine the condition of the former to judge of the latter. But this is not to be relied upon. A third method of determining the condition of the antiseptic function of the liver is by determining the toxicity of the urine. But this is not reliable, as jaundice is frequently present, and bile is much more toxic than the urine. To maintain the integrity of the antiseptic function, we must attempt to increase the glycogenic power and to shut off the supply of poison. The first object is attained by a nourishing diet and by keeping down the temperature; the second, by intestinal antiseptics, favoring elimination and diminishing cellular activity.

The best antiseptics are salol and bismuth salicylate. Purgatives are of use only when there is constipation. Favor diuresis by copious draughts and by mild alkalines, and keep the skin active by baths and friction. Forbid meat and hard work, either bodily or mental.—*University Med. Magazine.*

#### CREASOTE IN TUBERCULOSIS.

Sommerbrodt (*Berlin klin. Woch.*, October 19, 1891) reaffirms his faith in creasote both for incipient and for advanced cases of tuberculosis, pulmonary as well as laryngeal. Complete and permanent recovery is by no means uncommon even in persons in whom a tuberculous predisposition existed. Large doses (xxv—3j per diem) are most beneficial. Indeed, the more the patient can tolerate the greater bene-

fit derived. Sommerbrodt administers creasote in the form of capsules, each containing about  $\pi\text{ijss}$  of creasote with a little cod-liver oil or olive oil. There are very few persons with whom the drug disagrees, and in no case has he seen any harm done by its administration.—*British Med. Journal.*

#### INFLUENCE OF POTASSIUM BROMIDE ON THE COURSE OF EXPERIMENTAL TUBERCULOSIS.

Starting from the fact that patients who have long taken bromide of potassium rarely develop tuberculosis, Féré has investigated the action of this drug on the development of experimental tuberculosis (*Sem. Méd.*, October 21, 1891). He tested it on guinea-pigs and rabbits by feeding them for some time with potassium bromide, and then inoculating them with tuberculous material. Far from there being a prolongation of life in these animals, they died much more rapidly than the controls inoculated at the same time. It seems, then, that this salt not only does not render animals refractory to tuberculosis, but even hastens the course of the disease.—*Supp. British Med. Journal.*

#### TRANSFORMATION OF VIRUS.

Dr. Chauveau concludes a work on this subject, read at the Paris Academy of Medicine (*Gazette des Hôpitaux*) as follows:

1. Vaccinal virus never gives variola to man.
2. Variola virus never gives vaccinia to the cow or horse.
3. Vaccinia is hence not attenuated variola and cannot be compared to benign anthrax infection communicated to animals by the inoculation of attenuated anthrax virus.
4. If vaccinia is derived from variola it is by means of a radical transformation of the variola virus, up to the present time beyond the knowledge of experimenters.
5. The attenuation of virus is not an operation that can be identified with transformation.—*N. Y. Med. Journal.*

### A NEW METHOD FOR RESECTION OF THE ELBOW-JOINT.

Dr. C. Zatti, of Bologna, Italy, (*Gazzetta degli Ospitali*, XI, No. 105, p. 834, 1890) after considering the advantages and disadvantages of the different methods (Erichsen's, Koenig's, etc.), describes his own new method, which is as follows: The inferior extremity of the humerus is sawed through obliquely so as to resemble the adjusting surface of a picture frame, and with its surface looking downward and forward. Then the superior articular extremities of the bones of the forearm are sawed through, also in an oblique manner, to form the other adjusting frame-like surface, the latter looking upward and forward.

The surfaces of the bones are now joined, the forearm being placed in a position of semi-pronation and semi-flexion, so that the forearm rests now at a right angle upon the arm. The particulars of the procedure are: The postero-longitudinal incision is made, followed by separation of the soft parts and the periosteum; the articular extremities are then exposed and dislocation produced, after the method of Langenbeck, the humerus being fixated by an assistant.

A line is drawn which unites the lowest point of the external condyle with the lowest point of the internal condyle. This horizontal line divides the posterior inferior articular surface of the trochlea in its median part.

After this line has been marked out, the saw is conducted through it, being held obliquely, so to bring it out anteriorly at the inferior border of the coronoid cavity. Thus a surface is obtained which forms with the longitudinal axis of the humerus as an acute angle of forty-five degrees. If, however, the morbid process should involve more than the articular processes, the resection may be practiced more extensively, with the same facilities and equal results. As regards the bones of the forearm, the saw is applied about  $1\frac{1}{2}$  cm. below the apex of the olecranon, and carried through obliquely below the articular cartilages of the glenoid and sigmoid cavities to come out at the

base of the coronoid process of the head of the radius. One obtains, thus, a surface, which forms with the longitudinal axis of the forearm an acute angle of forty-five degrees. Through the above procedure two ample section-surfaces result, which can be well adapted to each other and permit the forearm to rest solidly upon the arm at a right angle. In cases where the junction of the two surfaces is not sufficiently secure, this may be assisted by sutures which are to be introduced at the apex of the angle to be formed. It often happens that one of the surfaces overlaps the other posteriorly. In such cases the osseous projection must be removed in order to avoid irritation of the soft parts, which may cause gangrene. It is, also, of importance to saw through the articular extremities, while an assistant is holding the forearm in a position of semi-pronation, as this position is the most favorable as regards the function of ankylosed forearm.

The author finally remarks that this method of resection of the elbow-joint perhaps has been used by other surgeons, here and there, but as he has not found it stated in the textbooks, he thought it not inopportune to put it on record.—*Annals of Surgery*.

### TOTAL RESECTION OF THE CARPUS BY THE DORSAL METHOD.

Dr. R. Gritti, Italy (*Gazzetta degli Ospitali*, No. 12, 1891), proposes a method of performing total resection of the carpus in fungus of the carpal bones. The technique of the operation is as follows:

The hand is washed carefully and rendered aseptic, the patient anæsthetized and an elastic ligature applied above the elbow. Two lateral incisions are made on the dorsum of the hand, one on the radial side, corresponding to the border of the second metacarpal bone, and the other on the ulnar side. They should extend from two centimetres above the lower end of the radius and ulna to two centimeters above the lower end of the radius and ulna to two centimeters beyond the

heads of the metacarpal bones. These two incisions are then united by a central one running across the dorsum of the hand and forming with two preceding ones an H. This third incision severs the skin, the tendons of the second, third, fourth and fifth fingers from the extensor communis digitorum, that of the extensor proprius indicis, and extensor minimi digiti, and the nerves and veins of that region. The extensor longus pollicis is not cut, the tendon being drawn aside by means of a hook. The radial and ulna muscles are cut and left to themselves. This done, the severed tendons are separated into groups; firstly, the tendons of the extensor proprius indicis; secondly, those of the extensor communis digitorum of the second, third, fourth and fifth fingers, and thirdly, that of the extensor proprius minimi digiti. Sutures are drawn through their ends in order that they may later be reunited without mistake. The ends of the radius and ulna are then sought for and sawed across slightly above the epiphyses, the saw being held a little more removed from the radius than the ulna. This must be done with great caution, in order not to wound the arteries and tissues beneath. The metacarpus is then cautiously detached in one single mass, care being taken not to open the sheath of the flexors or impinge upon the two radiopalmar arteries and the two palmar arteries. The pisiform and the unciform bones may be either enucleated or cut in two. On arriving at the trapezium the knife should be kept well up against the carpus in order not to open the articulation of the trapezium, with the first metacarpal, but be thrust in between the trapezium and trapezoid bones. Then the thumb with the carpometacarpal articulation remains undisturbed. Finally, the carpus is cautiously detached from its attachments below as far as one centimetre above the carpo-metacarpal articulation; the heads of the second, third, fourth and fifth metacarpal bones are sawed straight across and the carpus removed in one piece. The attending hemorrhage is usually but slight, as the palmar vessels remain uninjured. The sur-

face of the wound is cleansed and, if any sinuses or articular fungosities be present, they are curetted. The surfaces of the resected bones are then placed in contact and united by two metallic sutures, the ulna being joined to the fourth metacarpal and the radius to the second metacarpal bone. The ends of the tendons are then brought together and joined; firstly, the tendon of the extensor indicis, then those of the extensor communis digitorum, and, finally, that of the extensor minimi digiti. The tendons are not joined by simply bringing their cut surfaces together but by overlapping the ends by two centimetres. In this manner they are somewhat shortened, as the hand has lost some six centimeters in length. The wound is then closed, sutured and drained.

After an antiseptic dressing has been applied the forearm is placed upon a well padded splint, while the hand is elevated by a cushion. The operation generally lasts an hour and does not present any especial difficulties. After the operation there is, as a rule, tactile insensibility of the dorsum of the hands and fingers. The writer then gives the details of three cases operated on, more or less successfully, by his method, and makes the following deductions:

1. The blood supply of the hand is not disturbed, as the arterial trunks running on the palmar surface of the hand are not cut.

2. The movements of extension of the fingers make their appearance generally about the tenth day. The movements of flexion are uninfluenced, although the hand is shortened about six centimetres.

3. The tactile sensibility, which is destroyed by the operative procedures, begins to be restored even before movements of the fingers are possible. It first appears in the cutis of the fingers and progresses up the hand. In one case it appeared ten days after the operation.

4. Bony ankylosis probably does not take place, but rather is a pseudo-arthritis formed, which is more to be desired, as the freedom of movement of

the hand is thereby greater than if an osseous fusion with immobilization would take place.

In the first two cases operated on, there resulted an abduction of the hand, due to sawing the lower ends of the radius and ulnar straight across. Hence, the writer recommends holding the saw somewhat obliquely, in order to remove more from the head of the radius than from the ulna.—*Annals of Surgery*.

#### VAGINAL HYSTERECTOMY FOR PELVIC SUPPURATION.

Terrillon (*Annales de Gynéc.*, November, 1891) spoke in favor of this extreme measure at a recent meeting of the Paris Société de Chirurgie. He has recently operated on four cases where there was old-standing suppuration, with exacerbations, hectic, and fistulæ in the rectum and vagina.

In the first case the patient was twenty-seven years old, and had been ill for two years after a miscarriage. There was parametric infiltration under the parietes as high as the umbilicus, the uterus being firmly fixed in inflammatory deposit. Abdominal section was useless, the omentum could not be detached, and the intestines were so adherent that their liberation was not attempted. At once, therefore, without removing the patient, the uterus was extirpated from the vaginal side. On the twenty-eighth day serious symptoms developed owing to retention of pus behind the vaginal cicatrix. The fever ceased when exit was given to the pus, but a vaginal fistula remained.

In the second, a similar case, abdominal section was found impracticable, and eight days later vaginal hysterectomy was performed; tuberculosis existed. Cure was complete.

The third case, aged forty-two, had been ill for nine years, and was troubled with a lichenous eruption, attributed by M. Besnier to chronic septicæmia. Albuminuria, vomiting, and fever existed. Vaginal hysterectomy proved very severe, and much shock followed. Nevertheless, the patient recovered, and the lichenous eruption disappeared.

The last case was thirty-three years old, and had been ill for twelve years. Great continuous pain and fever had lasted for two months. The operation was incomplete on the left side. The vagina cicatrised well, but a rectal fistula remained.

This last case, Terrillon observes, is sufficient to show that the operation cannot always effect a radical cure. The first two cases show that vaginal hysterectomy can succeed when abdominal section has proved of no avail. Although the operation is especially advisable where there is a well encysted abscess, it is, Terrillon believes, required in cases of old extensive and ill-defined suppurations with fistula, adhesions, and parametric infiltration of the parietes.—*British Med. Journal*, December 12, 1891.

#### THE FREQUENCY OF GALL-STONES.

Dr. Bollinger's experience in the Munich Pathological Institute from 1881 to 1886, and his further study of the question (*Münchner Med. Woch.*) has resulted in the following statistics as to the frequency of gall-stone disease: In Munich, 5.4 per cent.; Dresden, 7 per cent.; Basel, 8.8 per cent.; Strasburg, 12.3 per cent., or for the whole of central Europe, about 7 per cent.; so that out of every fourteen adults one is affected with gall-stone. The proportion of men affected stands to that of women as two to five for the first three cities, while the Strasburg statistics show that women are affected five times as frequently as men. The explanation of this is found in faulty dress, laced corsets, sedentary life, restricted muscular work, pregnancy, etc., and as many of these conditions are more prominent in advanced years, we find that from 25 to 35 per cent. of women over sixty years of age are affected with gall-stones. In the post-mortem of forty-five women with gall-stones there was found seventeen times, or 40 per cent., a constricted liver. The fact that in women under thirty years of age gall-stones are four times as frequent as in men, speaks more for the

pathogenic influence of dress than of pregnancy; that corset-lacing much earlier and much more intensely works than does the gravid state. The influence of age upon the existence of gallstones is shown by the following figures: From fifteen to thirty years of age, 2.7 per cent.; thirty-one to sixty years of age, 5.9 per cent.; above sixty years of age, 15.2 per cent. Among constitutional influences, those of disturbed circulation are made prominent, especially a retarded blood-current, which leads to decreased secretion in the bile-passages, and thus to stagnation and thickening of the bile.—*N. Y. Med. Record.*

#### CHYLOUS ASCITES AND CARCINOMA OF THE PANCREAS.

Dr. Santi Flavio, of Turin, Italy, (*Gazzetti degli Ospetali*, No. 11, p. 1891) says:

All writers agree that the diagnosis of carcinoma of the pancreas is a matter of great difficulty. Prof. B. Mugnai in a recent monograph on the pancreas, (*Collezione italiane di letture sulla medicina*, Series v, No. 9) says that the diagnosis of this affection is "most difficult and rarely possible." Dr. N. Musineci, in a communication which appeared in the *Gazzette degli Ospetali*, Nos. 81, 82 and 83, 1890, came to the conclusion that a diagnosis in the majority of cases is hardly to be made, and that diagnosis by exclusion is the best method. Icterus, the presence of the tumor corresponding to the site of the pancreas, fat in the fæces and sugar in the urine are the most important symptoms.

The writer calls attention to a symptom as yet unobserved in this disease, namely, the presence of chylous ascites. Among 3,233 cases treated from 1883-89 in the *Ospedale Maggiore di San Giovanni* in Turin, Italy, there were only two cases of carcinoma of the pancreas. Both of these were accompanied by chylous ascites; this special form was not observed in any other case. Hence, the writer does not regard it as a mere coincidence, but would explain its presence by the con-

tiguity of the head of the pancreas with the thoracic duct, which passes behind this gland and along the vertebral column. An abnormal development of the pancreas would cause it to press upon the thoracic duct and consequently lead to its rupture and the passage of chyle into the peritoneal cavity. Rupture is not a necessary consequence as extravasation might also take place by diapedesis.

It would seem strange that a symptom so constant in these two cases should have been overlooked as yet by all observers. The writer is quite certain that it must have been present in many cases of cancer of the pancreas and yet passed unobserved. Ruggi (*Giornale internazionale di scienze mediche*, 1890) reports a case in which he noted the presence of ascites, but he speaks of this as of minor importance. In such cases the ascitic fluid might be largely serous and require the microscope to reveal the fatty globules.—*Annals of Surgery.*

#### SPONTANEOUS DISLOCATION OF THE HAND.

An example of this rare condition is published in the *Berliner klinische Wochenschrift*, November 16, 1891, by O. Bode, who also gives a summary of the bibliography. The patient, a girl, aged fifteen years, who, in previous years had suffered from loss of power over the right side of the body, diagnosed to be hysterical in nature, came under treatment on account of weakness and deformity of the right wrist, which she attributed to the act of constantly turning a roller in the factory in which she was employed. So serious had the condition of her wrist become as to incapacitate her for her duty. On examination, a well marked deformity of the right wrist was observable, presenting all the characters of a dislocation of the first row of carpal bones away from the articular surfaces of the radius and ulna, the hand being displaced towards the palmar aspect, and the arm being shortened in the usual manner. Both the dislocation and the shortening could be easily rectified, either by

pressure on the carpal bones or by traction applied to the hand. Scarcely any pain accompanied the manipulation nor could any crepitation, callus, or inflammatory thickening be felt. The articular surfaces appeared perfectly smooth, no signs of caries being present. The hand on the affected side was considerably shorter and narrower than its fellow, the circumference of the wrist, however, being increased; the ligaments surrounding the joint were obviously relaxed. Inspection of the body showed that both limbs on the right side were shorter and thinner than those on the left, every segment being more or less affected. Although less noticeable, the right side of the face was also atrophied when compared to the left. Throughout the body the muscular system was feeblest on the right side. Bode regards this luxation, conjointly with the other changes referred to, as caused by cerebral hemiatrophy.—*British Med. Journal Supp.*

#### A NEW METHOD FOR DETECTION OF TUBERCLE BACILLI IN THE SPUTUM.

Dahmen (*Münchener medicinische Wochenschrift*, September 22, 1891) describes a method of preparing sputum in examinations for tubercle bacilli which he claims is superior to the method of Biedert, in which the sputum is boiled with solution of caustic soda. The method is as follows: The sputum is collected in a test-tube or beaker and heated in a water bath for fifteen minutes. As the liquid cools, it is shaken, and the coagulated part carries with it to the bottom all the tubercle bacilli. The overlying liquid is opalescent and thin as water and can easily be decanted. The cheesy sediment is then thoroughly rubbed in a glass mortar. In this method, one particle of the rubbed sediment contains about as many bacilli as another, and, the author claims, can in this way be used as a test as to whether the bacilli are increasing or decreasing in number in the patient's sputum. The author claims that this method is easier and quicker than that of Biedert.—*University Med. Mag.*

## Miscellany.

### HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending January 1, 1892:

WARD.	Measles.		Scarlet Fever.		Whooping Cough.		Diphtheria.		Croup.		Typhoid Fever.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....			1				2	2	1	1		
2.....	16		1				2	1			1	
3.....			1					1			1	1
4.....							5					
5.....			1					1			1	
6.....												
7.....			3				1					
8.....												
9.....												
10.....					1						2	
11.....												
12.....							2				1	
13.....			1									
14.....			1				2					
15.....	1		1				5		1	1		
16.....	1		5		3							
17.....			5								1	
18.....											1	
19.....			1									
20.....			1									
21.....												
22.....							1					
23.....							1		1		1	
24.....			1				10	2				
25.....							3		1			
26.....							4	2				
27.....			3				1			1		
28.....							1					
29.....			2									
30.....				1			4	1			3	
Public Institutions.....												
Totals.....	18	27	3	3	1	43	10	4	3	12	1	
Last week.....	2	21	1			26	7	2	3	7	3	

Mortality Report for the week ending January 1, 1892:

Croup.....	3
Diarrhoea.....	3
Diphtheria.....	10
Influenza.....	40
Scarlatina.....	3
Typhoid Fever.....	1
Other Zymotic Diseases.....	3—63
Cancer.....	5
Phthisis Pulmonalis.....	14



Other Constitutional Diseases.....	7-26
Apoplexy.....	2
Bronchitis.....	11
Convulsions.....	9
Heart Disease.....	11
Liver Disease.....	3
Meningitis.....	2
Nephritis.....	3
Pneumonia.....	30
Other Local Diseases.....	26-97
Deaths from Developmental Diseases.....	10
Deaths from Violence.....	8
Deaths from all causes.....	204
Annual rate per 1,000.....	35.36
Deaths under 1 year.....	25
Deaths between 1 and 5 years.....	28-53
Deaths during preceding week.....	211
Deaths for corresponding week of 1890.....	112
Deaths for corresponding week of 1889.....	116
Deaths for corresponding week of 1888.....	124

J. W. PRENDERGAST, M.D.,  
Health Officer.

## OHIO HEALTH BULLETIN.

Infectious Diseases reported to the Ohio State Board of Health in 56 cities and towns during the week ending January 1, 1892.

**Diphtheria:** Ada, 1 case; Akron, 1 case; Canton, 4 cases, 1 death; Carey, 3 cases; Carthage, 2 cases; Chagrin Falls, 1 case; Cincinnati, 43 cases, 10 deaths; Cleveland, 39 cases, 9 deaths; Columbus, 16 cases, 1 death; Elyria, 2 cases; Greenville, 1 case; Lancaster, 5 cases; Lima, 11 cases, 1 death; Mansfield, 4 cases, 2 deaths; Newark, 6 cases, 2 deaths; Oberlin, 1 case; Ravenna, 2 cases; Salem, 2 cases, 1 death; Springfield, 3 cases; Sycamore, 4 cases; Tiffin, 1 case; Toledo, 4 cases, 1 death; Wooster, 2 cases, 1 death; Youngstown, 1 case, 1 death.

**Scarlet Fever:** Akron, 3 cases; Bellefontaine, 1 case; Coagrin Falls, 1 case; Cincinnati, 27 cases, 3 deaths; Cleveland, 29 cases, 1 death; Clevel, 2 cases; Columbus, 15 cases, 1 death; Coshocton, 7 cases; Forest, 1 case; Greenville, 1 case; Ironton, 4 cases; Lancaster, 4 cases; Logan, 1 case; Lorain, 1 case; Newark, 5 cases, 1 death; Portsmouth, 1 case; Salem, 1 case; South Brooklyn, 1 case; Springfield, 4 cases; Tiffin, 1 case; Toledo, 1 case; Wellston, 1 case; Youngstown, 2 cases.

**Typhoid Fever:** Cincinnati, 12 cases, 1 death; Cleveland, 8 cases, 1 death; Columbus, 1 death; Coshocton, 2 cases; Dalton, 1 case, Findlay, 2 cases; Lorain, 1 case; Sidney, 1 case, Tiffin, 1 case; Toledo, 1 death; Wellington, 1 case; Wellston, 1 case; Youngstown, 1 case.

**Whooping-Cough:** Ashley, 30 cases; Cincinnati, 3 cases, 1 death; Cleveland, 1 case, 2 deaths; Lowellville, 18 cases; Youngstown, 1 case.

**Measles:** Carey, 5 cases; Cincinnati, 18 cases; Cleveland, 8 cases; Youngstown, 45 cases.

No infectious diseases reported to health officers in 15 towns.

C. O. PROBST, M.D., Secretary.

## THE MAGNIFICATION OF LOCAL DISEASE.

The following is from an address entitled "The Child is Father to the Man," by James F. Goodhart, M.D., F.R.C.P., of Guy's Hospital, London, delivered at the opening of the Section in Diseases of Children at the recent meeting of the British Medical Association, and published in the *British Medical Journal*:

It has often been said, gentlemen, and said truly, that great events may issue from small beginnings, and in some sense this is so here, for the thing that in the main determined the subject of this address to you was the one word "pædiatrics." I hate the word as being the embodiment and the product of specialism, and, meeting here to-day as we do as specialists, it is the aim and object of the few words that I shall address to you to insist that we are not so.

These may be called the days of local disease. With our many enthusiastic and patient scientific explorers in the region of disease, thirsting, as they do, for something tangible, something that can be put to the proof by experiment, the constitution, as a factor, has received some hard blows, and the idea of a predisposition would seem, in the minds of many, to be antiquated and puerile. Who can say otherwise, when the whole of the pathology of the present day is absolutely eaten up by bacilli of some shape or another? This needs no reminder when it is within the knowledge of all that not tuberculous disease only, but abscesses of all kinds—syphilis, rheumatism, some forms of heart disease, blood diseases, such as purpura, atrophic changes, such as acute yellow atrophy, chronic hypertrophic skin disease, such as leprosy, and some forms of new growth, cancerous tumors of all kinds, pneumonia, acute bronchitis, tetanus—are some of the many maladies that have been attributed either to microbic growth or to microbic influence. It is really no exaggeration to say that no single disease has been discussed or rediscussed of recent years in which bacilli, in

some form or other, have not been imported into the question. And, although I have nothing but admiration for the far-reaching value of the work that has been done in this direction, and have no wish to question the advances that will certainly be made along the same lines in the future, I do wish that the arts of prospecting and assay were more liberally followed and cultivated, instead of, as now, everything being considered as a nugget because it has been found in a claim. The lengths to which we now go are often ridiculous. Why, only the other day there was almost a scare because the daily papers proclaimed the fact that there was one poor leper loose in the east end of London. And the hysterics of the press were by no means of commiseration for the leper, but for the contamination he was supposed to be spreading broadcast among the populace; and I believe some public institution took credit to itself, no doubt with an eye to a pocketful of subscriptions, for having hunted him out and put him into a place of safety—as if the presence of a single case of leprosy in a huge population, such as that of London, were any uncommon thing, or that his mixture with the public were any great public risk. I have seen, too, another microbe fad of late, and, to my mind, both a disgusting and a cruel one. Now that phthisis is proved to be associated with a germ, it is also assumed that it must be contagious, and some original-minded brethren have recently been preaching the noxious nature of the sputa of the phthisical, and have urged that every poor patient so affected should carry about with him what they are pleased to call by the very euphonious name of a spit-pot. I have no doubt that an article of this nature is being exhibited in the museum hard by, for surely the *genius loci* has not been lost upon our enterprising instrument-makers. I was, indeed, shown the other day the newest thing in this line, and I noticed that for facility of disinfection it had wide mouths top and bottom for all the world like a lady's smelling-bottle, with, perhaps, remembering where I am, a *soupçon* of a hygienic

feeding-bottle in addition. Now, I say, without fear of contradiction, that this new interpretation of the spread of phthisis is an idea born of a too limited vision, as becomes the mites that have begotten it. As if—admitting the necessity of the disinfection, which I will do for the sake of argument and out of respect for opinions which are worthy of all deference—as if an eucalyptoled handkerchief (eucalyptus oil is just now the fashionable antiseptic, I believe, for I hear say that the clergy recommend it as a safe cure for the influenza), or a pocket earth-closet on the principle of the Gamgee pad were not a kinder and a more sanitary thing. Every case of phthisis should carry a spit-pot! Why, Bournemouth, at any rate, ought to socially decapitate the originator of such a thought.

Ideas of this calibre are born of the method of investigation and study now in vogue, and that method is the intense concentration of thought upon the local process of disease. In the trained mind this encourages narrow views, and therefore imperfect views, of disease; in the untrained mind—that is, in the layman—it encourages the demand for specialism and an ever-increasing specialism of specialism. Yes, an ever-increasing specialism of specialism which the following case, a true one, will amusingly illustrate: A friendly obstetric physician a short time ago sent a lady with her child to me. You must know, he said, that this lady is gone on specialists. She has been to me for to cure one portion of her body; she has been to another obstetric physician for another part of her person; she has taken a baby to a specialist for nurslings, and now she comes to you as a specialist for a child of about nine. I need hardly say that I cherished that qualifying word “about,” for in its somewhat liberal interpretation lay my only hope in the future of making a living, if that is what we are coming to. Nor is it the public only that is to blame. I think that we as a profession are almost as much to blame, for we run in grooves, indulge in fashions, almost as much as the public does. Witness the bewildering craze for new drugs and that

bewildering memory of last Christmas at Berlin.

All this I say is taking us away from the human organism as a whole, and yet it is this whole, this "constitution" as it is called by the outside world, that fixes the external factor, molds it to its own model, and presents it to our gaze and study. And I venture to say that there is no one here to-day who has approached to anything near middle age, and who has been in the position to observe, and to think over the facts as they have presented themselves to him—not in the laboratory only, but at the bedside, in family life, in other worlds than ours, whether as a matter of evolution, of heredity, of cultivation under varying conditions of environment, or what not—who has not become more deeply impressed with the importance of the constitutional element in the production of disease as the years have glided on, and added to his experience of men and things.

—*N. Y. Med. Jour.*

#### ARE COLDS INFECTIOUS?

The question of whether catarrhal attacks, popularly known as "colds," are infectious, is often debated in family households, and although no definite investigation in the direction of ascertaining the presence or not of a specific germ in the mucous discharges has been undertaken by bacteriologists, there is still strong presumptive evidence that infectivity of some sort prevails in these cases. The subject is discussed by Mr. Hutchinsin in the last number of his *Archives*. He remarks that "colds" are capable of origination by influences brought to bear on the nervous system, and their secretions become infectious. "Thus many being from exposure to draughts or damp, and many others from personal infection. No distinction is to be drawn between the two; they are, as a rule, exactly alike. Those which arise from infection, may, however, be developed into special virulence, and may then prevail as epidemics, which are attended by more or less individuality of type. Probably infection is the cause of by far the

greater number of common colds. Infection may be believed to be always at work when a cold goes through the family." Some day, perhaps, a catarrhal bacillus will be discovered. Under any circumstances researches in this direction would probably be productive of interest to the bacteriologist, and, moreover, from the information so gained, the possibility is not a remote one that some definite treatment could be designed for the alleviation of one of the most annoying morbid affections to which we are subjected at this period of the year.—*Medical Press*.

#### RECENT NOTES ON LEPROSY.

Surgeon-major Geoffry Hall, writing in the last number of the *Indian Medical Record*, makes some practical remarks upon the cases of leprosy which have been, and are under his care, in Allahabad. His experience shows that there is no cure for the disease; "once a leper always a leper." Treatment can mitigate, but it cannot do more in the alleviation of leprosy. The author holds that leprosy is inoculable, and that in its propagation walking about in bare feet plays an important rôle. "There is no doubt," he says, "that many a person walking in bare feet cuts them against a stone. Had a leper done the same against the same stone I have no hesitation in saying that the sound man might become inoculated or most probably would. This may account for many mysterious cases of leprosy with no family history, and for the disease beginning very late in life in a hitherto sound man." He adds that with regard to anæsthesia and anæsthetic symptoms, mitigation of the symptoms is produced by stretching the nerves supplying the part of the body affected, but the leprosy progresses and the leper's appearance becomes more marked year by year. It is certain that lepers improve under the influence of good feeding. Among eighty who have been under the author's care, all became stout and fat. Approval is expressed of the segregation scheme. The paper is worthy of perusal, if only for the purpose of gathering the views of one

who has had practical acquaintance with the disease, a fact which cannot be said is the case with many who pose as authorities on leprosy.—*Med. Press and Circular*.

#### VACCINATION.

To vaccinate or not? That is the question  
Whether 'tis better for man to suffer  
The painful pangs and lasting marks of small-  
pox,

Or to bare arms before the surgeon's lancet,  
And, by being vaccinated, end them? Yes,  
To feel the tiny point, and say we end  
The chance of many a thousand scars,  
That flesh is heir to, 'tis a consummation  
Devoutly to be wished. Ah! soft you now,  
The vaccination! Sir, upon your rounds,  
Be my poor arms remembered.

—*Puck*.

#### CHANGES AFTER CASTRATION.

Professor Lode relates the results of his experiments on cocks by castration. The character of the animal changes, its habitus is lost, the comb atrophies, and in its stead a few feathers grow, forming a cap like a hen. He tried another

experiment, where the extirpated virile appendages were transplanted to another part of the body and placed in the cellular tissue under the skin as Hunter and Berthold had done with the comb. In these cases the cock retained all the male habitus; comb and color were preserved. The removed testes did not entirely atrophy, but sank deeper into the body, appearing vascular and healthy.—*Medical Press*.

PROF. COHEN said that a saline cathartic will almost always relieve congestion of the nasal mucous membrane, and that a very good prescription in chronic nasal catarrh is the following:—

℞. Sodii sulphat., - - - ʒ ij  
Ext. valerianæ fluid., - - f ʒ ij  
Aquæ menth. pip., ad - f ʒ ij M.

SIG.—Give f ʒss in water in the morning before breakfast.

—*Coll. and Clin. Record*.

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## CONTENTS.

### ORIGINAL ARTICLES.

NERVOUS AND MENTAL COMPLICATIONS OF LA GRIFFE.  
By Philip Zenner, A.M., M.D., Cincinnati. 69

### SOCIETY REPORTS.

#### ACADEMY OF MEDICINE.

Meeting of November 23, 1891.

Case of Labor. By Thad. A. Reamy, M.D. 75

Meeting of November 30, 1891.

Osteo-Sarcoma of the Femur. By G. W. Ryan, M.D. 75

Meeting of December 21, 1891.

Discussion on Nervous and Mental Complications of La Grippe. 77

### TRANSLATIONS.

Thilazine, a Lanoline Derivative.—Treatment of Ulcers.  
—Piperidine.—Injections of Iodoform in Local Tuberculosis. 78

Esopus.—Pleuritis.—Diarrhoea of Children.—Chronic  
Diarrhoea with Intestinal Fermentation.—Spasm of  
the Glottis. 79

### EDITORIAL.

SHALL WE HAVE A NATIONAL MEDICAL OFFICER IN THE  
President's Cabinet? 80

THE MEDICAL PRACTICE BILL. 81

OUR REPUTATION ABROAD. 83

A BOOK AGENT FRAUD. 84

A PETITION TO ESTABLISH A DEPARTMENT OF PUBLIC  
Health and the Appointment of a Secretary of Public  
Health. 84

A BILL TO ESTABLISH A DEPARTMENT OF PUBLIC  
HEALTH. 89

EDITORIAL NOTES. 91

### SELECTED.

Cannabis Indica as an Anodyne and Hypnotic. 74

Fraenkel's Pneumococcus in Suppuration Processes.—

Management of the Paroxysmal Inebriate. 91

Germ Theory of Diphtheria from the Therapeutic Point

of View.—The Treatment of Dysentery. 92

Acute Nephritis.—Danger in the Thimble. 93

### MISCELLANY.

Report of the Health Department of Cincinnati. 93

Health Bulletin Ohio State Board of Health. 94

Sanitary Triumphs. 94

Double Pyosalpinx in a Child One Year and Nine Months

Old.—The Telephone in Diagnosis.—Hospitals of Cin-  
cinnati. 95

### BIBLIOGRAPHY.

Foster's Physiology. 96

See Advertisement "VIN MARIANI" on Insert page viii.

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Asst. Chief Surgeon, Mo. P. Ry.

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## Original Articles.

### NERVOUS AND MENTAL COM- PLICATIONS OF LA GRIPPE.

WITH REPORT OF CASES.

A Paper read before the Academy of Medi-  
cine, December 21, 1891,

BY

PHILIP ZENNER, A.M., M.D.,  
CINCINNATI.

That nervous disturbances of various kinds may occur with infectious diseases is well known. Those attendant upon or subsequent to typhoid fever and diphtheria are most familiar. Recent experience has shown us that such disturbances are frequently found with influenza. In fact, historical research has revealed that the visitations of this pandemic disease have always been marked by the attending nervous complications. Kirn,<sup>(1)</sup> who has made a careful study of historical and recent epidemics, states that no other acute infectious disease has so frequently nervous symptoms; and Althaus<sup>(2)</sup> says that, as an etiological factor of all kinds and forms of nervous disease, influenza stands *facile princeps* among all infectious diseases.

Doubtless the frequency of such symptoms is due to the almost universal spread of the disease, and to its occurrence in individuals specially predisposed to nervous troubles, a subject of which we will have occasion to speak more fully hereafter.

Nervous symptoms are common in

ordinary cases of influenza, and, in some epidemics, constitute their most characteristic features. Most prominent of such symptoms are: headache, chiefly frontal; pains, aching or shooting in character, in the back, calves, thighs, arms, eyes, etc., these pains being sometimes almost excruciating, sometimes attended by hyperæsthesia; sleeplessness; and a sense of complete prostration, mental and physical. As symptoms of the same order, but occurring less commonly, may be mentioned: vertigo, peræsthesia of various kinds, and neuralgia, especially supra-orbital. The frequency and severity of these symptoms vary in different epidemics and different localities. Of 140 cases of influenza in the Morning Side Asylum a sense of prostration was present in 93 per cent.; frontal headache in 88 per cent.; pains in the back and limbs in 84 per cent.; vertigo in 81 per cent.; unrefreshing sleep in 59 per cent.

Most of these symptoms may occur in the invasion or during the febrile period of the disease. Others, notably the neuralgias, occur more frequently in the post-febrile period, while the feeling of fatigue and incapacity to do may linger several weeks after the acute disease has passed away.

But many nervous symptoms appear which are not so common, even very rare, so that they are not so well known as those just mentioned. Sometimes there are symptoms indicating irritation of the brain or meninges: hyperæsthesia of the special senses; in children, convulsions; in adults a tendency to stupor or somnolency, or other mental symptoms of which we will speak farther on.

It would occupy too much space to mention all the nervous manifestations which have been noted as complications

<sup>1</sup> *Sammlung klin. Vorträge*, Neue Folge, No. 23.

<sup>2</sup> *Boston Med. and Surg. Jour.*, December 10, 1891.

or sequellæ of influenza. I will merely mention some of the more prominent. As inflammatory complications we may note: cerebral and spinal meningitis, myelitis, polioencephalitis, poliomyelitis, multiple neuritis and optic neuritis. As paralytic manifestations: hemiplegia, aphasia, paralysis of the muscles of the eyes, of the soft palate and other monoplegias, and optic atrophy. As general nervous disturbances: angina pectoris, glycosuria, Graves' disease, epilepsy and chorea. Of many of these diseases only single instances have been recorded; none of them are common complications. Much more commonly hysterical disturbances are observed, and still more frequently some forms of neurasthenia. The latter are distinguished by their mental cast, a feeling of incapacity in thought and action, a tendency to melancholia and hypochondriasis, which may run into well-marked insanity. This leads us to the consideration of the mental disorders which complicate influenza.

The psychic symptoms, on account of the varied pictures presented, furnish a more complex subject for study, and are more difficult of classification and definition. They may occur during the febrile period of the disease, or in the post-febrile or convalescent stage. Mental symptoms may even occur with the invasion of the disease. Pick<sup>(3)</sup> reported a case beginning with violent delirium, which disappeared on the second day, when the symptoms of influenza became manifest.

The mental symptoms of the febrile period are more likely to appear on the second or third day of the disease. They are mostly like those of the ordinary delirium of fever, a semi-conscious, dream-like state, and a sense of restlessness, indicated by tossing about, screaming, singing, etc. There is usually disturbed sleep, and often the indications of hallucinations and delusions, and perhaps, of an anxious, depressed mental state. The delirium may be only of a few hours or a few days' duration, but frequently it lasts a few weeks after all other symptoms

have passed away, and may pass into the form of post-febrile insanity. Usually there is partial or complete amnesia of the attack.

The post-febrile psychoses may begin a few days or a few weeks after the fever has subsided.

Kirn,<sup>(4)</sup> who collected seventy-one cases of mental disease occurring with influenza, divides the post-febrile psychoses into four groups: The first, acute asthenic form, of rapid development, with many hallucinations, rapid speech and movements, anxious, sometimes exalted mood, and general weakness and anæmia. The second, melancholia, either simple, or combined with hypochondriasis. The third, mania. The fourth, pseudo-influenza psychoses, cases of general paralysis, paranoia, alcoholic delirium, etc., where the disease probably developed independently of the influenza, and the relation to the latter was only apparent. He places 14 per cent. of his cases in the first group, 30 in the second, and 7 in the third.

Introsinski<sup>(5)</sup> collected 124 cases. According to his classification, 28 of these were cases of acute delirium, 38 melancholia, 15 delirium tremens, and 15 mania.

It is readily seen from these figures that the predominant form of these post febrile psychoses is melancholia. This mental type is present even in the neurasthenic cases. The mental and physical exhaustion and insomnia, so commonly found with and after attacks of influenza, perhaps aid the development of this special type of mental disease.

But classifications of the kind indicated are only partly accurate. The cases represent all gradations of the diseases mentioned and many cannot be properly classified with any of them. Cases in which, on account of the blunted condition of consciousness, or the presence of many hallucinations, a state of mental confusion is the prominent one, or those presenting the ordinary features of febrile delirium, occur

<sup>4</sup> Loc. cit.

<sup>5</sup> *Neurolog. Centralblatt*, 1891, p. 119.

<sup>3</sup> *Neurolog. Centralblatt*, 1890, p. 100.



not uncommonly, and, in general, are of shorter duration than those where the anxious mood, settled melancholy and quiet demeanor indicate the presence of pronounced melancholia, or where the cheerful mood, exalted manner, quick speech and action reveal well-marked mania.

We must now devote ourselves to a brief study of the pathogenesis of these nervous manifestations. Among the assigned causes for the mental symptoms of infectious fevers are heightened temperature, increased oxydation from the more rapid flow of blood, and the effects of visceral diseases: for instance, uremia with renal disease; impeded circulation, and, perhaps, œdema of the brain with heart or lung disease, and the possibility of embolism with the former, or disturbed oxygenation of the blood with the latter. As causes of the post-febrile nervous disturbances may be mentioned, the increase of waste products in the blood, ænemia of the brain and impaired nutrition from prolonged and exhausting fever, œdema, etc.

Such factors may account, in large part, for the febrile and post-febrile nervous manifestations of most infectious fevers, but, probably, play a rather unimportant rôle in influenza, where the fever is, usually, neither high nor of long duration. Here we must seek for a cause in the direct intoxicating effect of the poison of the disease. Just what that poison is we do not know, though, not improbably, it is a chemical product allied to the ptomaines. For the early symptoms, severe headache, pains in the muscles, great physical and mental prostration, and the invasion of delirium we can scarcely find any other explanation. To an even higher degree this seems to be true of the occasional symptoms of meningeal irritation, and sopor or coma. That even inflammation and organic changes can be thus produced seems probable from the study of the effects of other infectious fevers. The later symptoms, those coming in in convalescence, are probably less directly the result of this poison. In this case another important factor comes into

play—the presence of a predisposition to nervous disorder. The same is largely true of the post-febrile disturbances of other infectious fevers, notably typhoid. Kirn examined the histories of 72 cases of influenzal psychoses, and found in 22 cases of febrile psychoses only 5 with a predisposition to nervous disease, while of 50 post-febrile cases, 37 had such a predisposition. This predisposition was either hereditary or congenital, or acquired as the result of head injuries in childhood, chronic diseases, anæmia, or the like.

So we may conclude, the chief cause of the febrile manifestations is what Kirn terms the toxin of influenza; of the post-febrile manifestations a prior constitutional condition. In the latter instance, the toxin is the less important factor, but it still acts as the exciting cause, so that in its absence the disease might never have appeared. The special form of the nervous disease is doubtless shaped by the constitutional condition. What has just been said of the etiology of the mental symptoms holds good for the other nervous disturbances.

The prognosis of the nervous manifestations is generally favorable. The febrile delirium may be only of a few hours' duration, occasionally lasts a few weeks, and very rarely runs a chronic course. The post-febrile psychoses may be of only one or two weeks' duration, or even shorter, but have an average duration of six or eight weeks, and sometimes continue for months. Rarely cases do not manifest any tendency to recovery. Occasionally a fatal termination ensues from exhaustion. Suicide sometimes abruptly terminates the clinical history.

In the non-mental cases the prognosis is also generally favorable, though the duration is quite variable. Some cases, especially those with inflammatory diseases of the nervous centres, terminate fatally.

The field gone over in this paper is so large that it will be impossible to say everything satisfactorily on the subject of treatment. In general it may be said that a building up treatment is frequently called for, especially in the

post-febrile cases. Helweg<sup>(4)</sup> speaks of antifebrin as beneficial in both the nervous and mental complications of influenza.

A few words on the effects of *la grippe* on those already suffering with nervous diseases. A very few cases have been reported as favorably influenced. Metz<sup>(1)</sup> reports a case of paranoia or chronic delusional insanity, which was entirely cured by an attack of influenza, and Helweg<sup>(4)</sup> reports two cases of dementia, one improved, the other cured. The latter author found hyperæmia of the brain in a number of autopsies of influenza cases, and he supposes this condition—hyperæmia—lead to a cure where there had, previously, been too little blood in the brain. I can find no other reports of favorable effects of this disease. On the other hand, there are many reports of injuries, even disastrous effects, and this is not only true of cases of insanity, but also in some instances of neurasthenia, myelitis, locomotor ataxia, etc. Nevertheless, in most instances, for example as observed in insane asylums, influenza had little or no effect on the existing nervous disease.

#### REPORT OF CASES.

I wish, in conclusion, to add the report of a few cases. I have selected such as appear to me most interesting, and which represent different types of disease. But as almost all the cases seen by me were those that ran a chronic course, they represent, rather the class of cases which fall into the hand of the specialist than those most commonly seen by the general practitioner.

For the sake of brevity I will only report so much of each case as to make the constitutional condition and the character of the nervous disturbance easily discernible.

Extensive paralysis has been very rarely seen after influenza. I shall, therefore, first report a case of this kind, though I was only consulted by letter and did not see the patient in person.

6 *Neurolog. Centralblatt*, 1890, p. 746.

7 Loc. cit., p. 764.

8 Loc. cit.

For the history I am indebted to Dr. C. L. Dine, of Minster, O.:

Mrs. M., aged fifty-two, usually in excellent health, was attacked with *la grippe* in February, 1890. She did not entirely recover from the disease, a cough and weakness and tired feeling remaining, but, apparently, some months elapsed before distinct nervous symptoms were manifested. Then the weakness and tired feeling increased in degree, and a sense of numbness, beginning in the toes, extended slowly up the extremities, involving the latter entirely and reaching as far as the lumbar region on the back. At a later period the hands and arms also became involved. Her strength diminished so that she could walk very little, and became finally bedridden. The cutaneous sensibility was blunted, so that light contact with the skin was not perceived, and only firm pressure was felt. Muscular sense was also impaired, so that she was sometimes not aware of the position of the limbs. Either on account of ataxia or loss of sensibility she would stagger in walking, and sometimes drop her needle while sewing. The electrical muscular contractility was not lost, but appeared to be more difficult to obtain over the affected, than over the unaffected, parts. The knee jerks seemed excessive. The bladder and rectum performed their functions well. The pupils, vision, in fact all the cranial nerves, were, so far as known, normal.

Her condition got gradually worse. The last two months of her life she suffered with spasmodic contractions of the muscles and severe pains in the feet and legs, and these parts became very œdematous. Bed sores developed and she died of exhaustion in November, 1891.

It is difficult to determine from the symptoms whether we have here a multiple neuritis or myelitis. The predominance of the sensory symptoms and the course of the disease inclines me to a diagnoses of the latter disease.

The next case I shall report is of the type most commonly seen by the specialist as the sequela of influenza. It is one of neurasthenia:

Mrs. H., aged forty. Several mem-

bers of her family have suffered with neurasthenia. She has usually been in very good health. During convalescence from an attack of the "grip"—which was not severe—she began to suffer with nervous symptoms. She had constantly an undefinable feeling of dread; she feared to be alone. At the same time she had a restless feeling, a constant desire to do something, with a sense of incapacity to do, a desire that some one might direct her—be an authority to her in all she does. She did not take any interest in her household, seemed to feel none in her children—a thought which horrified her. She was irritable, sometimes could not collect her thoughts, and felt confused and as though losing her mind. She always had the fear she would lose her mind. In addition there was more or less insomnia, pain or sense of pressure in the back of the head, etc.

These symptoms, or others like them, varying in their appearance or intensity on different days, or different hours of the day, were still with her when she first consulted me four months after their inception. She improved during the one month she was under my observation. She then went to the mountains, and when she returned four months afterwards the disease had almost disappeared.

I wish, without reporting them in detail, to refer to two cases similar to the last, for the purpose of bringing out their etiological relationship:

The first, a woman of sixty years, had an epileptic father, was herself of a nervous, excitable temperament, and had suffered much with ill health, as well as having been burdened with much responsibility and worry. Her nervous malady, which came on after what was not a severe attack of the "grip," was of four or five months' duration.

The second, a woman of thirty-nine years, had also a family predisposition to disease. Her mother had diabetes, and many other relatives had lighter nervous maladies. She had had two nervous attacks very like the present, the first of six months, the second of a year's duration. She had also suf-

fered with hemorrhoids, uterine troubles, and other diseases. In her, too, the attack of influenza was only a light one, the duration of the nervous malady many months.

In both these patients the symptoms were very nearly like those of the case last reported.

These three cases have a mental element in them, but are far from being insane. The next case, also belonging to the class of neurasthenia, has more nearly crossed the border land:

Mrs. A., aged seventy-four, has mostly been in excellent health. In April she had *la grippe*, with which she was confined to the bed or lounge a few weeks. The nervous symptoms first appeared during this time. Her main symptoms were a feeling of pressure in the stomach, throbbing in the abdomen, a tingling or burning sensation in both the lower and upper extremities, and she was nervous, excitable, etc. All these symptoms were present when I was called to see her, six months after the beginning of her malady. She thought and spoke of nothing but her ailments. Though there were no hallucinations nor delusions, the thoughts were so fixed in one direction, and it was so impossible to direct them in ordinary channels, that, together with the general demeanor and actions of the patient, these almost constituted it a case of insanity. There is, yet, no special amelioration of the symptoms. The patient will probably recover, but her age makes the prognosis doubtful.

The next and last case I shall report is one of insanity. Apart from any question of etiology it is of interest in showing how difficult it may be to make a diagnosis or prognosis, and how cautious one should be in giving an unfavorable prognosis:

Mrs. W., aged forty-three, has had many hardships and trials which may have produced a predisposition to nervous disease. In June of last year, shortly after an attack of influenza, she became wildly delirious and had to be removed to an institution for insane. I saw her in consultation about two months later. She presented then the

appearance of mania; was quick in her movements, cheerful, very talkative, often excitable. There was also exaltation of spirits and some grandiose ideas—that she had a better voice than Patti, etc. In all this there was nothing more than is ordinarily found in mania, the true diagnosis in this case, as future developments demonstrated. But there were other manifestations at the time which made us fear the presence of a much graver malady. The pupil of one eye seemed not to respond to light as promptly as the other. At times the knee jerk seemed to be excessive. Tremor of the lips and trembling speech were sometimes observed. (Changes in these manifestations may have been due to the influence of medicine, for she was given large doses of hyoscine to promote sleep.) In addition the utterances of the patient seemed to indicate a high grade of mental weakness. Such manifestations aroused the suspicion of general paralysis. On account of these an unfavorable prognosis had been given before I saw her. I myself gave a doubtful diagnosis and guarded prognosis. She was subsequently removed to a public asylum, where also an unfavorable prognosis was given. The disease was of a year's duration when the patient was restored to perfect health.

A few words more as to the etiology of the cases just reported. All of them are women, but that an array of this kind is presented is merely accidental, for nervous complications occur equally among men. All are adults, and this accords with the general observation that nervous complications are rare among children.

It is a more difficult question to decide how large a part the influenza played in the production of the nervous disease. It is impossible for me to speak of the intensity of the attack of influenza in these patients, for I saw, or heard of, all, months after that disease had passed away. In the first patient the earliest symptoms were manifested several months subsequent to the attack of influenza, but a chain of symptoms connected the two, that

is the continued weakness and fatigue. Very likely there were changes in the case long before physician or patient's attention was called to its symptoms. But it is possible that the influenza was only an indirect cause—that it merely weakened the system and allowed another cause to attack the nervous system more easily. In the next three cases it will be observed how strong was the predisposition to disease. The "grip" probably acted as an exciting cause where it required but a feeble spark to light the flame. In the fifth patient there appeared to be no predisposition, but her age—seventy-four years—may have made but a slight exciting cause necessary. In the last case little is known about the early manifestations of disease, as she was then in a distant city. It is possible that there was a mere coincidence in time in the two diseases—that we have here what Kirn terms a pseudo-influenza psychosis.

[FOR DISCUSSION SEE P. 77].

#### CANNABIS INDICA AS AN ANODYNE AND HYPNOTIC.

Cannabis indica is a drug that is for the most part looked upon as a therapeutic plaything, to be used rather as an interesting experiment than as a serious remedy. Dr. J. P. Mattison, of Brooklyn, however, is one who believes that Indian hemp has a good deal of therapeutic value, and in a recent paper he has asserted its claim for recognition and a prominent place in materia medica. He finds it particularly useful in the management of the habitues of opium, cocaine, and other drugs whose treatment Dr. Mattison has made a special study, and considers it one of the best substitutes for opium both as an anodyne and hypnotic. One great difficulty in administering cannabis indica has been the uncertainty of its dose because of the great variation in the strength of different samples, and Dr. Mattison thinks the dose given is usually too small, his dose being from forty to sixty minims of the fluid extract.—*Northwestern Lancet*,

## Society Reports.

### ACADEMY OF MEDICINE.

#### OFFICIAL REPORT.

*Meeting of November 23, 1891.*

The President, GILES S. MITCHELL, M.D., in the Chair.

T. V. FITZPATRICK, M.D., Secretary.

DR. THAD. A. REAMY reported a

#### *Case of Labor.*

I was recently called to a labor case; the lady was twenty-seven years of age, a primipara. Delivery under chloroform was accomplished without any laceration of the cervix or perineum. As no fetal heart could be heard, I was constrained to believe that the child was dead. The cranial bones were soft, the fontanelles large and the sutures open. There was no amniotic fluid perceptible. Membranes were not ruptured until after my arrival. The placenta was small and fatty. The funis was small and shriveled. I never saw so diseased a placenta in my life. The child was extremely emaciated, but born alive and is doing well. A little hemorrhage, but not alarming, followed the delivery. I gave a small dose of ergot after delivery, more as a matter of precaution than otherwise. Twelve hours after labor she had a chill. The temperature at the time of labor was one degree above normal, pulse 80. After the chill the pulse went up to 120. The temperature at no time after the chill was below 102°; a part of the time it was 105° and 106° F. There was no fulness either to the sides or back of the uterus. The uterus could at all times be distinctly outlined. I washed out the uterus with a solution of bichloride 1 to 4000. Thinking I might find something in the uterus, I examined it carefully, but found nothing. I continued to use the bichloride twice daily. There was marked pain, for which I gave morphia.

It is proper for me to state that I had not attended a case of labor or a case of infectious disease for a long

time previous to being called to this case. I was as free from infection as it is possible for a physician to be. I had just prepared myself to do a laparotomy. The nurse had washed out the vagina with carbolic acid before labor commenced. Digital examinations were made but a few times during progress of labor, and each time the hand was carefully disinfected. Manifestly, infection in this case was not introduced from without.

*Meeting of November 30, 1891.*

The President, GILES S. MITCHELL, M.D., in the Chair.

T. V. FITZPATRICK, M.D., Secretary.

DR. G. W. RYAN, M.D., read the report of a case of

#### *Osteo-Sarcoma of the Femur.*

The patient was a man of forty years, whom I saw first one year ago last October. The tumor then measured twenty-five inches in circumference, and was in Scarpa's space. He had then been an inmate of St. Mary's Hospital for two months. The tumor was larger than a fetal head. The disease had extended so far that amputation was out of the question. There had been some pain. The disease continued to increase markedly, but not rapidly. The case was under my observation for four or five months. There was oedema of both limbs, but more especially of the affected limb. He died June the 1st. The affected thigh measured thirty-seven and a half inches, and the other seventeen inches. Autopsy.—The tumor was greatly broken down. A careful examination of the organs of the abdomen showed no secondary invasion. As the case had presented great engorgement of the blood-vessels of both limbs it was thought that there must be some obstruction of the veins of the abdomen. Examination, however, showed no evidence of any change in the blood-vessels or organs. I take this to be an osteo-sarcoma, the diagnosis being based upon the gross appearance. This is a subject of very great interest, and this case is presented in the hope of eliciting a discussion, and for some

intrinsic interest it may have by reason of its great size and the absence of secondary changes. This photograph will enable the Academy to judge its size and appearance.

#### DISCUSSION.

**DR. J. C. OLIVER:**

The difficulties of diagnosis in osteo-sarcoma are considerable, and the fact was nicely illustrated by two cases which were under my care about the same time. The first, a case of chondro-sarcoma of the lower end of the femur, was mistaken for tubercular disease of the knee-joint, and the patient received an injection of tuberculin; of course there was no reaction. The second case, a sarcoma springing from the periosteum over the lower end of the femur, was mistaken for a purulent synovitis of the joint, and at the request of the patient's physician I made an incision into the joint; a large quantity of blood immediately escaped. The diagnosis having been made in this manner, I amputated the thigh through the middle third. The wound healed by first intention, but the disease re-appeared both locally and in the lungs. The patient died nine weeks after the amputation.

The first case was advised to have an amputation made, but refused. She subsequently returned to Christ's Hospital during the service of Dr. Freeman. He amputated, and the woman is alive and in good condition at present.

**DR. P. S. CONNER:**

I would like to say a word about the diagnosis of osteo-sarcoma. It is found in subjects of all ages, but more especially in young and middle-aged adults. I have seen recently a number of cases in comparatively young subjects. There was no history of tuberculosis. There was enlargement of the superficial veins. In comparatively young subjects tuberculosis is secondary to processes in other portions of the body. In osteo-sarcoma increased heat is almost always found, and much more decided than in tuberculosis. If I find a positively increased temperature of the parts over a growth, I am very much inclined to look upon that growth as an osteo-sarcoma. Rheumatism is often mistaken for osteo-

sarcoma. And until the growth is pronounced the diagnosis is not always easily made. In osteo-sarcoma the constitutional disturbance is out of all proportion to the size of the growth. The suggestion of Dr. Freeman is good; such an instrument has been devised by Dr. Mixer. In a good many cases a diagnosis is not nor cannot be made until the growth is examined microscopically.

**Treatment:** Given an osteo-sarcoma, the prognosis is very grave. If left to itself life will soon be ended by loss of blood, by exhaustion, or by secondary invasion. When and where shall the amputation be made? As a rule, at the next higher articulation, but amputations in continuity may be done in cases of central growth, and should always be, perhaps, in the femur, as disarticulation of the hip is exceedingly dangerous. The central sarcomata are much less likely to be followed by death, yet there are cases where they are as deadly as any periosteal growth. Take those cases which are made up of small round and small spindle cells and they kill the patient rapidly.

**DR. JOS. RANSOHOFF:**

I had occasion to observe a case recently of the kind now under discussion. It occurred in a woman seventy years of age. She had been under treatment for pulmonary consumption. She had severe pain and swelling of the thigh, of a rheumatic type. The range of temperature was irregular; some days there was no rise whatever. With a history of tuberculosis, it was thought we were dealing with a tubercular affection of the thigh. Later I observed a fluctuating tumor at the lower end of the femur, into which I introduced a hypodermic syringe and got nothing but blood. Bloody fluid thus obtained is diagnostic of sarcoma. The prognosis of such a case is bad, even with amputation, yet I decided to give her whatever advantage an amputation might offer. She succumbed five days after the operation to hypostatic pneumonia. The stump was examined and found perfectly dry. The death-rate before the bloodless method was so high that it was thought best to let the patients

die rather than to operate. With our present methods of operating the prognosis is more hopeful. I recall a case in which an amputation was made four years ago; the patient is still doing well. In another case in which the tumor extended above Poupart's ligament, I cut down on the growth and found it encapsulated. Two and one-half years have passed and the patient is doing well. The chief point is to get at these cases early, but the diagnosis is often so obscure that we can not be certain of our diagnosis early enough to obtain the best results.

DR. RYAN:

As to the question of treatment, we are naturally all agreed. Early diagnosis is the most essential point. Diagnosis is often very difficult. I recall several cases of osteo-sarcoma of the long bones which, in the earliest stage, resembled periostitis, and were for a time treated as such.

*Meeting of December 21, 1891.*

The President, GILES S. MITCHELL, M.D., in the Chair.

T. V. FITZPATRICK, M.D., Secretary.

DR. PHILIP ZENNER read a paper on the

*Nervous and Mental Complications of La Grippe* (see p. 69).

DISCUSSION.

DR. RAVOGLI:

We must be grateful to Dr. Zenner for his beautiful and exhaustive essay on the nervous disturbances following the "grippe." I find, however, place to add a few remarks concerning the skin, which is intimately connected with the nervous system and is greatly influenced by the vaso-motor nerves.

Dr. Rouvier, in Beyreuth (*Journal des maladies de la peau*), referred to several cases of influenza where the skin showed erythematous eruption. Bela Medvei, in Buda-Pest, reported several cases of erythema papulosum accompanying influenza; and Hoffmann, in Dresden, describes cases of erythema, of zoster facialis, and of urticaria in cases of influenza.

In my practice I met with two cases

of erythema accompanying influenza at its period of invasion. The first was a child, six years old, who was suddenly affected with "grippe." All the symptoms were present—fever (104° F.), cough, difficulty of breathing, redness of the conjunctiva, etc.; but it was of a remarkable scarlatinal form, erythema covering the whole body. At first sight it could have been mistaken for a case of scarlet fever, but, considering that on the previous day the boy had been well, the instantaneous spreading of the eruption, and the absence of tonsillitis, I concluded that the erythema ought to be considered as an accidental symptom accompanying the "grippe."

The other case was that of a girl, about eight years old. Like the first case, the erythematous eruption was spread all over the body, and was of an intensely vivid red color, disappearing under the pressure of the finger, with small little points somewhat darker intermingled with the redness. The girl showed all the symptoms of influenza.

The eruption in both cases did not last longer than thirty-six hours, disappearing without leaving any scaliness or pigmentation.

Neither patient had taken any remedy at all, so the idea of a remedial eruption is entirely out of the question. It remains that the eruption is due to the "grippe," which, like any other infectious disease, is liable to produce erythema by a toxic action on the centre of the vaso-motor nerves.

IN senile pruritus, a German writer (*N. Y. Med. Record*) recommends sponging the body every night with warm water containing carbolic acid and vinegar, and the subsequent application of a powder consisting of one ounce of salicylate of bismuth and four ounces of starch. — *Coll. and Clin. Record*.

REMOVAL of the Gasserian ganglion for tic-douloureux has been done for the fourth time in London by Mr. William Rose. We understand that it has been done once in this city.—*Med. Record*.

## Translations.

### THERAPEUTIC NOTES

FROM FRENCH, GERMAN AND ITALIAN JOURNALS.

TRANSLATED BY  
F. H. PRITCHARD, M.D.,  
NORWALK, O.

#### THILANINE, A LANOLINE DERIVATIVE.

Dr. Siebels (*La Semaine medicale*, No. 57, 1891) has obtained by the action of sulphur upon lanoline a new lanoline derivative—thilanine—brown sulphurated lanoline. This substance, of which the chemical composition is still unknown, is a chemical compound and not a mechanical mixture. It contains 3 per cent. of sulphur. According to Dr. Saalfeld, who tried it in a large number of cutaneous diseases, it is a precious acquisition to dermato-therapy. It is entirely devoid of irritating action, and it cures such dermatoses as dry and humid eczemas, sycosis, acne rosacea, much more quickly than Hebra's salve, borated vaseline or lanoline. He regards it as especially a substitute for Hebra's salve. It has a sedative action upon pruritus.

#### TREATMENT OF ULCERS.

In a recent discussion in the French Society of Surgery (*Le Bulletin medical*, No. 99, 1892), several methods of treating ulcers were brought out:

Dr. Felizet makes a circumferential incision around the ulcer; this permits it to heal. He finds the local blood-letting beneficial. He does not excise the varicose veins.

Dr. Reynier ligatures and excises the veins, when varicosities present; this relieves but is not radical.

Dr. Lucas-Championniere treats even very large ulcers by multiple ligation. He also does not regard it as radical, as the ulcers may recur.

Dr. Quenu regards arthritism and alcoholism as occasional important factors in the production of ulcers. Drs. Kirmisson and Verneuil also support

this view. Dr. Kirmisson has found ulcers, in young people especially, to be often of syphilitic origin. Here good results are obtained by anti-syphilitic treatment.

Dr. Verneuil finds syphilitics and patients with heart disease to present ulcers often rebellious to treatment. Alcoholism and the gouty diathesis are often found combined.

Dr. Berger has observed ulcers of syphilitic origin in young people most frequently situated on the posterior portion of the limbs.

Dr. Moty has found ulcers of frequent occurrence in workmen who stand much.

Dr. Terrier has seen crural ulcers often accompanied by neuritis, running even up to the spinal cord.

#### PIPERIDZINE.

Piperidine (*Lo Sperimentale*, No. 21, 1891), the great uric acid solvent, is prescribed as follows:

℞ Piperidin. pur., . gm. 1 (grs. xv).  
Aq. destillat., . gms. 180 (fl. ℥vss).  
Syrup corticis aurant. gms. 20 (fl. ℥v).

Sufficient for twenty-four hours. The dose may be gradually increased to three grammes (forty-five grains) per day.

For hypodermatic use inject as follows:

℞ Piperidin. pur., dgms. 3-5 (grs. v-viiij)  
Aq. destillat., . gms. 10 (fl. ℥ijss).

Inject a (Pravaz) syringful every two days. After fourteen days the dose may be increased to ten centigrammes (fifteen grains).

#### INJECTIONS OF IODOFORM IN LOCAL TUBERCULOSIS.

Dr. Weidenmüller (*Münch. med. Wochenschr.*, No. 42, 1891) has used this method in the Munich Surgical Clinic with excellent results. The course of twenty-two cases could be closely followed. In four cases the elbow joint was involved, in four cases the knee-joint, in five cases the ankle-joint and tarsus, in three cases the wrist-joint; in two cases there was multiple tuberculosis, twice cold abscesses, and two cases of fistulæ remaining after resection of joints. A solution of iodoform in glycerine was employed as an



injection, the amount of iodoform being two grammes (thirty grains), or, at the most, three grammes (forty-five grains). Two patients were cured, eleven much improved, and only three who were but little influenced; only in one case was an unsuccessful result obtained.

### ŒSIPUS.

Drs. Taenzer and Thle (*La Semaine médicale*, No. 59, 1891) designate by this name the crude fat from which lanoline is extracted. It has the advantage of not irritating the skin, as anhydrous lanoline sometimes does; forms a good base, and, besides, possesses decided curative powers in certain skin diseases. It presents two easily remedied inconveniences — its disagreeable odor and its hardness. Its odor may be masked by the addition of balsam of Peru or any aromatic substance, as essence of bergamot or roses. Equal quantities of olive oil will render it unctuous enough. Applied by means of a stiff brush it has been used with success, unmixed, in seborrhœic eczema of the scalp. In impetigo, prurigo, burns, and humid eczema of the face in children, the following formula is of service:

Œsipi, } aa gms. 10 (3ijss).  
Ol. olivar., }  
Pulv. amyl, . gms. 20 (3v).  
For external use.

In parasitic sycosis the following is of use:

Bismuth subnitrat., gms. 5 (3j¼).  
Zinc oxyd., }  
Œsipi, } aa . gms. 20 (3v).  
Ol. olivar., }  
For external use.

### PLEURITIS.

Dr. Fiedler (*Münch. med. Wochenschr.*, No. 47, 1891) regards acute pleuritis in certain forms as identical with acute rheumatism, and gives with success in such cases salicylic acid. He is convinced that when administered early it will abort the disease and prevent the formation of exudates. He gives one gramme (fifteen grains) every two hours, or six grammes (one and a half drachms) per day. If a moderate exu-

date is already present, then the drug will have no influence. He recommends it also in genuine pericarditis.

### DIARRHŒA OF CHILDREN.

Dr. E. M. Sympton (*La Semaine médicale*, No. 59, 1891) recommends the following:

✶ Borax, . . . gms. 4 (3j).  
Glycerin. pur., . . gms. 16 (3iv).  
Tint. corticis aurant., gms. 3 (℥xlv).  
Aq. destillat., . . gms. 60 (fl. 3ij).  
A teaspoonful every one to three hours.

This is not only an excellent anti-diarrhœic, but also quiets the colic.

### CHRONIC DIARRHŒA WITH INTES-TINAL FERMENTATION.

Dr. Eichler (*La Cronaca Medica*, September, 1891) uses the following:

✶ Salol, . . . gms. 3 (grs. xlv).  
Ol. ricini, . . . gms. 15 (fl. 3ijss).  
Syrup rhei, . . . gms. 30 (fl. 3j).  
Aq. cinnamon, gms. 120 (fl. 3iv).  
Gumm. arabic, q.s.

A large spoonful every hour until the laxative acts.

### SPASM OF THE GLOTTIS.

The following formula (*Lo Sperimentale*, No. 21, 1891) is praised:

✶ Chloroform, . . . gtts. 5-10  
Aq. destillat., . . gms. 25 (fl. 3vj).  
Glycerine, . . . gms. 5 (fl. 3j¼).  
A teaspoonful every half hour.

### LOCAL SOCIETY NOTICES.

#### ACADEMY OF MEDICINE.

Monday evening, January 18, Dr. A. B. THRASHER will read a paper on "Adenoid Vegetations of the Vault of the Pharynx."

Dr. EDWIN RICKETTS will read a paper entitled "Some Points in Reference to the Time to Operate and Position of the Operation in Repair of the Perineum."

#### CINCINNATI MEDICAL SOCIETY.—

Tuesday evening, January 19, "La Grippe and its Relation to the Present." Discussion opened by Dr. WM. CARSON.

Dr. WM. CARSON will report a case of "Hysteria in the Male."

# THE CINCINNATI LANCET-CLINIC:

*A Weekly Journal of*  
MEDICINE AND SURGERY

ISSUED EVERY SATURDAY.

## EDITORS:

A. B. RICHARDSON, M.D.

J. C. OLIVER, M.D.

L. S. COLTER, M.D.

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Cincinnati, January 16, 1892.

## Editorial.

### SHALL WE HAVE A NATIONAL MEDICAL OFFICER IN THE PRESIDENT'S CABINET?

In this issue we publish the text of the bill prepared by the committee appointed by the American Medical Association at its last annual meeting on this subject, and also the petition of the committee to Congress, and of the medical profession through the committee, on the subject of National medical legislation.

Our fellow-townsmen, Dr. Comegys, has been earnest and energetic in instituting this measure, and is devoting much time and care to its proper presentation to the profession. We hope to see it receive the consideration which its importance merits.

The various phases of hygiene and prophylaxis, including as they do, the regulation of immigration, interstate inspection and quarantine, the study of epidemic and endemic infections and

contagious diseases have become so important and cover such a field that the most thorough organization and system will be necessary to ensure success. That this can be done best through a national organization probably all will concede. Centralization and united action are necessities.

The principal point upon which there may be division, we take it, is as to whether it is advisable for this central authority to be vested in a cabinet officer appointed by the President and associated directly with the departments of the Government, which are largely political.

When this question is carefully considered, however, we believe there will be found very little valid objection to this plan, and it will be still more difficult to suggest anything better. The management of the national finances is no more political, essentially, than that of the public health, and yet the Treasury Department has been ably conducted under all administrations by a cabinet officer.

When we reach these higher planes in political life, we usually find that presidents have a conscientious regard for duty, or at least such a desire to attain success in their administration that they observe the fitness of things by selecting suitable persons for these high places. With the fire of the whole medical profession directed upon him we believe no president would dare to select an unworthy representative for so important a trust. We feel confident that the dignity which would be given to the department by such an appointment as would be made either by the present or past presidents would be of decided advantage to the medical profession, and greatly facilitate the work of national hygiene and prophylaxis.

It is unnecessary to recapitulate the

various ways in which such a department could be of use to the Nation. It is admirably done in the petition of the committee, and we commend it to all our readers. It will well repay a careful perusal.

\* \* \*

It gives us genuine satisfaction to publish the following editorial from the *Times-Star*. This may be taken as an indication of the great interest that is being awakened in the subject:

#### THE NEW CABINET OFFICER.

The medical profession of this country is now engaged in an attempt to establish a Department of Public Health to be presided over by a new cabinet officer, to be known as the Secretary of Public Health. To this end a memorial was prepared and unanimously approved at the last session of the American Medical Association and is now before Congress. Among the names signed to this instrument are those of such well-known Cincinnatians as C. G. Comegys and J. C. Culbertson. As evidence that a department of the kind named is needed attention is called in the memorial to the operation of the Surgeon-General of the Army, Navy and Marine Departments in urging the Secretary of State to authorize liberal expenditures in the establishment of a national medical library and museum, to the issuance of index catalogues of the library, to the elaborate publication of army records of the late war, the original researches at home and abroad into the origin and nature of fearful epidemics brought here by immigrants, to the establishment of scientific posts at Dry Tortugas for the special and continuous investigation of the causes and cure of yellow fever, the bacteriological laboratory attached to the United States Marine Hospital at New York, and to the successes attending the quarantine service brought about by the same energetic influences. That the work which has been thus carried on is of the highest importance is not a subject for argument. There is no one to dispute the necessity for the protection

of our ports and coast cities from infectious diseases. That is a matter of public weal which all acknowledge.

Public health, it would seem, should be paramount. This does not depend altogether upon the influences at ports of entry. The social state of a people, the water-supplies and the protection of streams from pollution therefore, drainage, proper dwellings for poorer classes, adulterations of food and a hundred other uses and abuses of life's necessities would come under the jurisdiction of the Secretary of Public Health. What has hitherto been everybody's business and therefore nobody's would be his. In the words of the memorial:

"The Secretary of Public Health would represent the medical consciousness of the Nation, and become one to we could look for the exploitation of measures that will direct continuous scientific and collective investigation in regard to endemic, contagious and other diseases; the enlightenment of the people in sanitary ways of living; the dissemination of information respecting the most favorable places of residence for those afflicted with such chronic diseases as asthma, rheumatism, neuralgia and consumption; the examination of food and drinks; medicinal springs; the collection and tabulation of vital statistics at large and in various localities, such as the congested areas of our great cities and among various races."

The proposition to have a National Department of Public Health is not strictly new, but the necessity for such a department was never before so clearly shown.

---

#### THE MEDICAL PRACTICE BILL.

The comments of the medical press of Ohio on the bill prepared by the committee from the local societies of this city have been generally favorable. Occasionally some suggestion is made regarding slight modifications which we think it would be wise to consider. We note one or two criticisms, how-

ever, which are surprising for the ignorance which they disclose in the source from which they come. Captious criticisms should be avoided. The medical profession already has a reputation for family quarrels which it is just as well not to foster.

For instance, one editorial writer speaks of the "speed with which the bill was approved." The fact, is the bill was presented to the Academy by the committee, approved, reconsidered at the next meeting, made a special order for the meeting following, considered section by section and again approved.

In the Cincinnati Medical Society it was presented, made a special order for a following meeting, considered in detail and then adopted. We know of no way in which greater opportunity could have been given for full discussion.

The editor also grows facetious over the use of a small "r" in the use of the word "regular," while capitals are used to designate the other schools. The writer shows his want of discretion in this criticism, for there is no *ism* about the regular school, and a capital would be out of place in its designation. For sects in medicine, as elsewhere, such use is proper, but not on that account laudatory.

A more serious criticism, and one very unjust, is the following: "The representatives of the irregular societies, some of whom, it is alleged, are directly connected with the questionable medical colleges and 'universities' of this city, have evidently 'fixed' the bill."

We have the best of reasons for knowing that the bill was not "fixed" by these "irregular societies," and we do not believe that these societies, though irregular, as we claim, are "connected with the questionable med-

ical colleges and universities of this city." We have never heard this charged, and know that their chief interest in the bill is to secure some means of putting an end to these same bogus affairs.

There is a further criticism of the provision for a Board of Examiners, but no suggestion of any better arrangement. Still further along there is a commendation of the Illinois law coupled with a condemnation of the bill, when the truth is that it is precisely the Illinois law in all its essential particulars. The Illinois law is administered by the State Board of Health, which consists of seven members, of whom the regular school has three. They are appointed by the Governor, precisely as it is suggested in this bill. The Illinois law leaves it entirely to this Board to decide what shall be the standard for the medical colleges; and it is a regulation of this Board, so politically appointed, which establishes the requirement of a four years' course and attendance on three terms of lectures, and the law is entirely silent on this point. We heartily concur with this standard of requirements, and are willing to have it incorporated in the bill if it will not jeopardize its passage; but we think it more judicious to follow the Illinois plan and let this Board fix this standard.

We would respectfully ask our contemporary to name some more practical and efficient method by which these ends may be accomplished, and we are sure that the promoters of this bill will accept it most heartily.

The writer further appears to take the pessimistic view of no hope for improvement under any legislation. Unless there is a public sentiment to support it there is no hope of improvement, and there is no public sentiment

which will approve the arrogation to regulars of all medical rights and their denial to all others.

The suggestion that only the diplomas of schools in our own State should be recognized, is limiting the science of medicine to very narrow lines. It cannot be commended as particularly broad in spirit or scientific in character.

There is an intimation that the faculties of medical colleges should be passed under review by some imaginary authority; and after suggesting limiting the validity of diplomas to colleges of our own State, and to those making certain requirements, there is a further suggestion that "very few colleges in this State can be classed under the heading of reputable."

We feel disposed to resent the imputation upon the colleges of our own State which is found in the last paragraph.

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#### OUR REPUTATION ABROAD.

To illustrate how uncertain professional reputations become when left to newspaper discussion and opinion, we quote the following editorial from the *Medical Press and Circular*:

##### SOBRIETY OF MEDICAL MEN.

The law of the State of Georgia dealing with medical practitioners addicted to alcohol has attracted much attention on both sides of the Atlantic. In this country it was held that the terms of the law in question were both insulting and uncalled for, and even contemptible, as applying to the members of a "learned" profession. However, it may be that we have still something to learn in regard to the alcoholic proclivities and temptations which exist on the American continent, so far as members of the medical profession are concerned. We gather, for instance, from a contemporary that a short time ago a

Cincinnati doctor was taken off the streets suffering from delirium tremens, while another was locked up in the work-house convicted of habitual drunkenness. Still more remarkable, however, is the statement that one of the most prominent men in the Cincinnati Medical Society, some years ago, conscious of his consuming appetite for rum, invariably wrote his prescription twice, each time keeping a copy, thinking thus to escape any mistake which he was afraid he might commit while intoxicated. These are unquestionably difficult facts to dispose of by any explanation, assuming, of course, that our contemporary has not been misinformed, and the only conclusion to be drawn from them is that the State of Georgia cannot have been very far from the mark in acting as it has done.

From these references to Cincinnati, iterated and reiterated, the reader would gain the impression that Cincinnati, above every other city of this country, is noted for the alcoholic excesses of its medical men. Our readers know how unjust such a reputation would be. There is no more reputable class of physicians to be found in any city of this or other countries than the physicians of Cincinnati. With very few exceptions they are temperate, honorable and of high moral character. The few exceptions are not found in individuals recognized by either of the recognized schools of practice as reputable, and are not therefore to be charged up to our profession. Compared with any other learned profession, we believe we are justified in taking to ourselves the "flattering unction" that our lives are as pure and our habits as correct as those of our English cousins, be they Cockneys or Provincials. The great trouble they have had of late years with their titled aristocracy on the question of morals should make them a little chary of unjust condemnation of others.

We have no knowledge of such a necessity, of "one of the most prominent members of the Cincinnati Medical Society," and are persuaded that our editorial friend has been misinformed and has accepted too credulously the statement of some sensation reporter of the daily secular press.

#### A BOOK AGENT FRAUD.

The following letter from Dr. Wilkinson, of Van Wert, O., explains itself, and is given publicly that others may be warned against this party, who is representing himself as authorized to receive subscriptions for the LANCET-CLINIC:

VAN WERT, O., }  
December 29, 1891. }

*Editors Lancet-Clinic:*

SIRS:—Find enclosed a receipt of a "Law and Medical Book Concern," Chicago, of \$3.00 for LANCET-CLINIC for one year, given by agent David J. Bigger, who was in my office on date given receipt. Also find notice from Chicago post-office department stating that there is no such firm there. I presume this is all a fraud, and I write you so you may ventilate it in the columns of your journal, if you desire. He "took in" several M.D.'s in this city, and he is probably in operation somewhere yet. Respectfully,

E. L. WILKINSON.

The card and receipt of the bogus concern is also published:

#### THE LAW AND MEDICAL BOOK EXCHANGE.

CHICAGO,	ILLINOIS:
Cash Capital, \$250,000.	David J. Bigger, State Agent.

[Receipt].

\$3.00. CHICAGO, ILL., Dec. 3, 1891.

In consideration of \$3.00 paid to our authorized agent, David J. Bigger, The LAW and MEDICAL BOOK EXCHANGE will forward the Lancet-Clinic for 13 months to E. L. Wilkinson, M.D. This receipt is also a certificate, and entitles holder to a year's membership in the Exchange. The LAW and MEDICAL BOOK EXCHANGE.

No. 1721. CLINTON B. ARMOUR, Pres.  
SCOTT CLAY, Sec.

#### A PETITION

TO ESTABLISH A DEPARTMENT OF PUBLIC HEALTH AND THE APPOINTMENT OF A SECRETARY OF PUBLIC HEALTH.

*To the Honorable, the President of the Senate and the Speaker of the House of Representatives of the Congress of the United States of America:*

The American Medical Association, at its annual meeting held in Washington in May last, unanimously adopted the following resolution:

*Resolved*, That the President of the Association, W. T. Briggs, M.D., of Nashville, Tenn., appoint a committee of thirty to memorialize the next Congress to create a cabinet officer to be known as Medical Secretary of Public Health.

#### NAMES OF COMMITTEE.

C. G. Comegys, Chairman, Ohio; N. S. Davis, Illinois; T. G. Richardson, Louisiana; J. C. Culbertson, Ohio; J. F. Hibberd, Indiana; W. B. Atkinson, Pennsylvania; Charles A. Lindsley, Connecticut; C. A. Hughes, Missouri; W. T. Briggs, Tennessee; H. D. Didama, New York; Thos. B. Evans, Maryland; Alex. J. Stone, Minnesota; J. P. Logan, Georgia; W. Ayer, California; Chas. Denison, Colorado; W. I. Schenck, Kansas; P. O. Hooper, Arkansas; H. J. Swearingen, Texas; Wirt Johnston, Mississippi; Thos. F. Wood, North Carolina; J. N. McCormack, Kentucky; J. I. Reeve, Wisconsin; H. O. Walker, Michigan; Landon B. Edwards, Virginia; Albert N. Blodgett, Massachusetts; A. D. Beven, Oregon; E. D. Smith, Washington; J. B. Atchinson, Montana; C. H. Mastin, Alabama; R. A. Kinlock, South Carolina.

The undersigned, constituting a majority of the committee thus appointed, have the honor of petitioning Congress to grant this unanimous request, and thereto beg your consideration of some of the views expressed by the Association during the proceedings held on this important proposition.

First, we beg to say that the American Medical Association is constituted

of men of distinction in their profession in every part of the Union. For more than forty years its sessions have been held in all the chief cities of the States from the Atlantic to the Pacific coast, and large numbers of the most eminent teachers and practitioners have participated in its councils. These annual assemblies have promoted scientific research, the formation of State Boards of Health, higher education and the publication of treatises on practical and preventive medicine which form a continuous line of medical progress in the last half of the present century.

The marked progress in medicine and surgery in late years, for the promotion of which European governments have contributed a sufficient support by which men of capacity have been able to give their entire time to hygienic, experimental and clinical research, has not been fostered in our country, where the medical profession has been left, for the most part, to take care of itself, without subvention of the State.

It must be acknowledged that the Government, through the operation of the Surgeon-Generals of the Army, Navy, and Marine Department, and by the action of the Secretary of State, has authorized liberal expenditures for the establishment of the National Medical Library and Museum, the issue of the incomparable Index Catalogue of the Library and publications of Army records of the late war, and for original researches at home and abroad on the origin and nature of the fearful epidemics brought to our shores by immigrant and other ships; the establishment of scientific posts by the Surgeon-General of the Marine Hospital service at Dry Tortugas for the special and continuous investigation of the causes of yellow fever, the Bacteriological Laboratory attached to the United States Marine Hospital at New York, and to the Surgeon-General of the Navy for the Naval Museum of Hygiene, in whose laboratories chemical analyses of water and food, as well as bacteriological researches, are constantly going on. The conventions of the quarantine service in the last few years have secured great progress towards a uni-

formity in quarantine laws; and an extensive correspondence has been established by the Surgeon-General of the Marine Hospital with our consuls, so that the quarantine service is constantly advised of the prevalence of epidemics in countries with which we are closely connected in a commercial way.

The work thus carried on is certainly of the highest importance, and avails in the protection of our ports and coast cities from infectious diseases of foreign origin; but the medical profession believes that the Government can, in a far wider way, promote the public good by creating a Department of Public Health, the head of which shall be a member of the cabinet of the President; and it seems to the Association that this is a propitious time for the inauguration of measures that will place the medical profession in its true relation to public affairs. There is no other profession that excels ours in positive efficiency to sustain public order, comfort and virtue. We possess vast capacity for the direction of society and promotion of human happiness.

At this time the profession is manifesting, in a higher spirit than at any previous period, the power to suppress contagious and infectious diseases. This work was begun by Jenner a century ago, and the scourge of small-pox has been stamped out wherever vaccination is practiced.

There are infectious and epidemic diseases that move round the world in nearly fixed periods, which we need not now particularize; they are frequently the products of squalor and wretchedness of peoples, and are spread far and wide about the lines of commerce. These invisible foes infect the air, the water, and the very food we eat. From the grosser foes of human health, cold, heat and tempest, people have power to defend themselves; but as regards these invisible agents of suffering and death, they are largely helpless, for want of higher knowledge. In their despair they turn to medical science for help, unwilling to trust in the brute law of the survival of the fittest.

What laws are necessary for the full activity of our beneficent profes-

sion? We reply: those that relate to the social state of the people for the prevention of disease. They comprehend an amplitude and purity of water supply; proper dwellings for the working classes without overcrowding or deficiency of light and air; adulterated, or diseased food; complete drainage; disinfection of excrement; the preservation of rivers and smaller streams from pollution; the regulation of the hours of labor; the protection of childhood from the imposition of toil and their proper education in commodious, healthy buildings; cleanliness of streets and planting of shade trees in cities for protection from intense solar heat and the decomposing power by their leaves of deleterious gases and miasms; the establishment of public baths; the operations of quarantine to prevent invasion of pestilence and landing of immigrants with diseases dangerous to others; the isolation of persons attacked with infectious diseases and the disinfection of localities; the construction and management of general and special hospitals; the care of the sick poor in their homes; the prevention of consanguineous marriages and of those who have destructive types of constitution; the warning of society of the evil consequences of abuses of the brain, the material basis of consciousness, whereby a free will is impaired and the sufferers become irresponsible and often mentally ruined; the registration of vital statistics; and lastly, the repression of those two giant evils of civilization, intemperance and prostitution.

We affirm that all the measures for public relief on these important subjects should be under the guidance of medical men.

It is not the mere knowledge of the human frame as a diseased entity, or a mechanism, that should give us highest consideration in the State, but rather our capacity to prevent sickness by securing the proper administration of the laws of health. The medical profession holds itself ready, as it has always, not only to diminish the destruction of life now going on, but ultimately to destroy the contagions that cause it. It is now becoming generally

known that infectious diseases and toxic elements are disseminated in food. An infectious disease in the family of a dairy-man, or amongst his cattle, may be as widely diffused as his distribution of milk. The pollution of streams of water and wells in towns, villages and homes of farmers, we know definitely, subject many families to tedious and fatal diseases which a wise sanitation will overcome, if we possessed the power so to enforce it. It is now so absolutely demonstrated that by the rigid application of hygienic measures the ravages of pestilence may be arrested that medical scientists speak of this destruction as a "self-imposed curse of dying in the prime of life."

Your petitioners are aware that Congress cannot enact laws on subjects which pertain to State and municipal legislation; but Congress can establish a Department of Public Health, which would assist, immensely, the systemization of facts of great importance to physicians and the people.

The latest addition to the cabinet of the President is that of Secretary of Agriculture, and already a great impulse has been inaugurated by the practical farmer who is at its head.

The question may arise with some person, whether such a department would subserve the interests of any particular school? We respectfully reply that amid all the apparent disparity in medical practice there is one true, severe unity, and to attain this all true physicians are continually striving. There is no disputation in medical science about anatomy, physiology, pathology, chemistry, physics, or preventive medicine; the difference amongst doctors lies in therapeutics or the treatment of disease, and as in the past, so for all the future, practitioners will use a variety of remedies and in varying quantities, and there will be different modes of management of sick, or injured people. With the advance in the way of education the differences in treatment will gradually become more unified.

The organism which is called medicine, like every other product of man's constructive genius, is striving to attain



perfection, and to accomplish this it must be sustained in all its scientific undertakings by the coöperation of national and state legislation and the hearty coöperation of the people for whose health and happiness all its efforts are put forth to prevent disease. It is certainly a remarkable spectacle to observe its constant effort to save the people from disease, when success will limit to the smallest dimension the office of physician. But this grows out of the nature of their studies, the tendency of which gives the highest motive for unselfish service to suffering humanity. The physician is bound to render this service to rich and poor alike. The amount of gratuitous service, especially in great cities, constitutes one-third of their practice. The most distinguished and experienced of the profession form the staffs of all of our hospitals, without any remuneration. It may be said that they receive their pay by reason of the distinction of their position; but they must have had distinction before their appointments. In war the surgeon must follow through the thickest of the fire, not to deal out destruction, but to staunch the wounds of friend and foe alike. If there was cruelty to prisoners on either side in our civil war, it was not perpetrated by the surgeons of opposing armies, and when the strife ceased they were the first to extend the fraternal hand across the field of conflict.

The collection of statistics of births, deaths and marriages, and their tabulation, we beg to say, should earnestly engage the attention of Congress. The different states and cities of the Union have for a long time been aiming to accomplish this, but we have no statistics that are national in character. The limits of the memorial do not allow us to show at large how, by such facts, many of the most important problems in our social state may be solved.

Recently an eminent medical writer of England, Sir James Crichton-Browne, M.D., L.L.D., has shown that since 1859, while the decline in the death-rate at all ages has been 17.6 per cent. under fifty-five years, it has only been 2.7 per cent. at all ages above

fifty-five. The principle decline has taken place under thirty-five. After forty-five the decline, since 1859, has been insignificant, but from sixty-five to seventy-five the death rate in the same time has increased. He adds that it is not satisfactory to learn that while there has been an enormous increase in babies and young men and women, the loss is alarming amongst those eminent in experience and judgment. The causes of the vital failure in the mature element in society was not difficult to find by his statistical studies. In three or four groups of diseases most wonderful increase in mortality has taken place. Thus, in England and Wales, cancer, in five years, 1859 to 1863, carried off 35,654 persons; while in five years, 1884 to 1889, 81,620 died of that fell disease, an increase of 130 per cent. Seven-eighths of these victims were over thirty-five years of age. Of nervous diseases in the first quinquennium, 196,906 died; in the second, 260,558, an increase of 32 per cent. Of kidney diseases the loss in the first period was 23,176; in the second, 61,371, an increase of 164 per cent. Of heart diseases in the first period, 92,181 died; in the second period, 224,102 perished, an increase of 143 per cent.

These diseases, he says, are of the degenerative character, and may largely be traced to vital abuses or overstrain; or increasing luxuriousness in our advancing civilization, thus establishing, broadly, a premature senility; moreover, the increase in insanity from the mildest to the gravest forms is causing solicitude everywhere. It cannot be questioned that this fearful increase in bodily and mental decay should be well understood and placed before the people; but it is painful to say, that no such generalizations are attainable in our Government offices for lack of statistical records.

There is another aspect of this premature decay of grave interest, and it concerns a burning question of our day. Sir James shows that owing to the strain and drive in many manufactories where handicraft — piece-work — prevails, the neuro-muscular system of the shoulder, arm and hand, which on the average attains maturity at thirty years

and should continue thirty years longer, begins to fail at forty-five; and while at thirty a man can earn 45 shillings a week, at forty-five, strive as he may, he cannot earn over 38 shillings, and at fifty-five his earnings fall to 24 shillings a week, owing to premature decay from overwork. In Sheffield he found that makers of penknives aged thirty years, who, in order to make a comfortable living, must strike 28,000 blows a day with a hammer, at forty years find their celerity and skill so at fault from this continuous overstrain that their wages decline to nearly one-half.

Physicians are held to be the guardians of the organs that concur for the maintenance of the body; but it is not so generally understood that the great brain is just as much an organ of their conservative regard: it is not so well understood that a healthy brain is necessary to free will. This is a momentous question, and it concerns the happiness and prosperity of the social and political state. The injury which pupils suffer, more especially in the primary and intermediate grades of public schools, by the bad hygiene in overcrowded, ill-lighted and ill-ventilated rooms, has become so serious as to bring about state interference. In Germany medical supervision has been authorized in the construction of school buildings so as to overcome these evils. The sense of sight has been particularly impaired; but the organic life of the brain has been lowered by the same evils, and the intellectual processes affected. In the technological schools of France the use of tobacco by students is forbidden because it had been ascertained that this intoxicant deteriorated the higher mental faculties. Researches have been diligently made by medical specialists in our country, and gross evils in the hygienic conditions of school-houses ascertained, and the injury of general and special organs pointed out, and the American Medical Association has steadily promoted these investigations; but these reports have not seriously awakened the attention of city or state governments.

Another very serious evil exists in almost the whole range of our common

and higher schools, that is, the so-called *memoriter* method of instruction, which seems to be a necessity so long as the rank in scholarship continues to be determined by *per cent.* of a pupil's correct answers in examinations. This abuse of memory fatigues the brain and lowers the powers of the mind. Physicians protest against this method of teaching because it distresses the brain, impairs free thought and the constructive power of the intellect. Lessons are memorized and not acquired by efforts of the understanding, hence they are not well retained, and furnish a poor basis for wide intellectual culture. Not only this, but the emotional conditions so often encountered, and the startling phenomena of hypnotism, are in many cases superinduced by this cramming method.

There are no fortuitous conditions that concur for the production of the best moral and political circumstances of society; the whole is purposive intelligence existing in the individual and combined for the exigencies of the family and the State.

Wherever the highest development of physical health exists, there will be found the surest basis for development of the mental faculties. These are not abstract questions of philosophy, but are the most practical questions of our day.

A Secretary of Public Health would represent the medical consciousness of the Nation, and become one to whom we could look for the exploitation of measures that will direct continuous scientific and collective investigation in regard to endemic, contagious and other diseases; the enlightenment of the people in sanitary ways of living; the dissemination of information respecting the most favorable places of residence for those afflicted with such chronic diseases as asthma, rheumatism, neuralgia and consumption; the examination of food and drinks; medicinal springs; the collection and tabulation of vital statistics at large and in various localities, such as the congested areas of our great cities and amongst various races. He would be able to coöperate with State Boards of Health, the Signal

Service, the medical departments of the Army, Navy and Marine Service, unify and utilize their work, and thus make the Department of Public Health the repository of the most important facts that concern the comfort of the people; and his duties will grow broader and stronger in adaptability to public needs. Moreover, the creation of this department will be a declaration by Congress that the promotion of the health of the people is a supreme law, and that in the future progress of civilization medicine shall have its true rank with the other offices of the State.

All of which is respectfully submitted.

C. G. COMEGYS, Chairman.

N. S. DAVIS.

T. G. RICHARDSON.

J. F. HIBBERD.

W. B. ATKINSON.

CHARLES LINDSLEY.

C. A. HUGHES.

W. T. BRIGGS.

CHARLES DENISON.

THOS. P. EVANS.

ALEX. I. STONE.

W. I. SCHENCK.

P. O. HOOPER.

H. J. SWEARINGEN.

THOS. F. WOOD.

J. N. MCCORMACK.

J. J. REED.

J. C. CULBERTSON.

H. O. WALKER.

LONDON B. EDWARDS.

A. N. BLODGETT.

NOTE.—I have not appended the names of a number of the Committee because I have not heard from them. I hope to get them all, so that they can be added in the committee-room of Congress. Physicians who favor this movement will please send to me, *without delay*, by postal or letter, *their names and addresses*, saying: "I favor the movement to create a Department of Public Health and a Medical Secretary of Public Health." I will forward their names to Washington.

If all of the profession who favor it will write to their Senators and Representatives it will greatly aid the movement. A distinguished Senator writes to me, saying: "I appreciate the great importance of the subject, and will give any aid I can to promote its adoption."

Respectfully,

C. G. COMEGYS,

266 Elm St., Cincinnati, O.

52D CONGRESS, } S. 302.  
1ST Session.

IN THE SENATE OF THE UNITED STATES.

DECEMBER 10, 1891.

MR. SHERMAN introduced the following bill;  
which was read twice and referred to  
the Committee on Epidemic  
Diseases.

### A BILL

TO ESTABLISH A DEPARTMENT OF  
PUBLIC HEALTH.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress Assembled*, That there shall be established a Department of Public Health. There shall be appointed from civil life by the President, by and with the advice and consent of the Senate, a Medical Secretary of Public Health, who shall be intrusted with the management of the Department herein established. He shall be paid an annual salary of ——— He shall, with the approval of the President, provide suitable offices for the Department and shall employ such assistants and clerks as may be necessary.

SEC. 2. It shall be the duty of the Department of State to obtain from consular officers at foreign ports and places all available information in regard to sanitary conditions of such ports and places and transmit the same to the Department of Public Health; and the Secretary of Public Health shall also obtain, through all sources accessible, including State and municipal authorities throughout the United States, weekly reports of the sanitary condition of ports and places within the United States and shall prepare, publish and transmit to the medical officers of the Marine-Hospital Service, to collectors of customs, and to State and municipal health officers and authorities, weekly abstracts of the consular sanitary reports and other pertinent information received by said Department.

The said Department also shall, as far as it may be able, by means of the voluntary co-operation of State and municipal authorities, of various general and special hospitals and sanitariums,

of public associations, and of private persons, procure and tabulate statistics relating to marriages, births, deaths, the existence of epidemic, endemic, and other diseases, especially those of a degenerative character, such as malignant growths and affections of the circulatory, respiratory, secretory, and reproductive organs, and data concerning the fruit of consanguineous marriage and transmissibility of insane, alcoholic, syphilitic, nervous, and malignant types of constitution. He shall also procure information relating to climatic and other conditions affecting public health, especially in reference to the most favorable regions in the United States for the cure or relief of the chronic diseases of the several organs of the body, especially of consumption. He shall also obtain information in a sanitary point of view of the health and comfort of the laboring classes. He shall seek through the State boards of health information in regard to the healthiness and comfort in public-school houses. He shall, so far as he can, further collective investigations in regard to the common diseases of an inflammatory and febrile character that prevail among the people. He shall co operate with State boards of health, the Signal Service, the medical departments of the Army, Navy and Marine Service, unify and utilize their work so as to make the Department of Public Health a repository of the most important sanitary facts that concern the public comfort.

Besides the reports of the state of public health, which he shall report from time to time, the Secretary of Public Health shall make an annual report to Congress, with such recommendations as he may deem important to the public interests; and said report, if ordered printed by Congress, shall be done under the direction of the Department.

The necessary printing of the Department shall be done at the Government Printing Office, upon the requisition of the Secretary of Public Health, in the same manner and subject to the same provisions as that of other public printing for the several departments of the Government.

SEC. 3. That the Medical Secretary of Public Health shall frame rules, under the direction of the President, which shall serve for the instruction of consular officers of the United States and of the medical officers serving at any foreign port. In compliance with these rules every master of a vessel destined for a port of the United States shall be furnished with a certificate containing a detailed statement of the inspection of the vessel, cargo, crew, and passengers, and of the sanitary measures carried out at the expense of the vessel; or, if such measures are not carried out, instant warning shall be transmitted to the Medical Secretary of Public Health, who shall immediately notify the quarantine authorities of the port of destination.

SEC. 4. That the Medical Secretary of Public Health shall make investigation, both in the United States, and, if necessary, in foreign countries, into the nature, origin, and prevention of contagious and epidemic diseases, as well as the causes and conditions of particular outbreaks of disease in the United States, and shall publish and distribute documents relating to the prevention of disease.

SEC. 5. That the President is authorized, when requested by the Medical Secretary of Public Health and when the same can be done without prejudice to the public service, to detail officers from the several Departments of the Government for temporary duty, to act under the said Department of Public Health to carry out the provisions of this act, and such officers shall receive no additional compensation, except for actual and necessary expenses incurred in the performances of such duties.

When a detail of suitable officers can not be made, the Medical Secretary of Public Health, approved by the President, may employ such experts, and for such time and in such manner as the funds at the disposal of the Department may warrant.

SEC. 6. That to defray the expenses incurred in carrying out the provisions of this act the sum of \_\_\_\_\_ dollars, or so much thereof as may be necessary, is hereby appropriated to be

disbursed, with the approval of the President, under the direction of the said Secretary of the Department. That this act shall take effect sixty days after its passage, within which time the Medical Secretary of Public Health shall be appointed.

SEC. 7. That an act entitled "An act to prevent the introduction of contagious and infective diseases into the United States and to establish a National Board of Health," approved March third, eighteen hundred and seventy-nine, and all other acts and parts of acts conflicting with the provisions of this act are hereby repealed.

#### EDITORIAL NOTES.

WE have the pleasure of calling attention to the *Medical Fortnightly*, a new journal with headquarters at St. Louis. The first number is very good, and from it we prophesy a successful career to our new neighbor.

THE agitation of the Medical Practice Act is being carried briskly forward. Cleveland has fallen in line, and is working for the success of the measure. The following is taken from the Cleveland *Medical Gazette*:

We hope that all the readers of the *Gazette* will take every opportunity to influence members of the Legislature to vote for the Medical Practice Bill which will be presented this winter.

Have *you* done what you could for the success of the measure?

It seems that there will be an attempt made in the Legislature this winter to apply some "ripper" legislation to the Cincinnati Hospital. The Hospital is not perfect, but making it a political institution will not be in the line of improvement.

**BINDING.**—Preserve your files of the LANCET-CLINIC and make a convenient library of reference by sending your unbound volumes to this office. Any style of binding desired, at uniformly low prices.

## Selections.

### FROM CURRENT MEDICAL LITERATURE.

#### FRAENKEL'S PNEUMOCOCCUS IN SUPPURATION PROCESSES.

Dr. Nannotti's observations (*N Morgagni*) go far to prove that the pneumococcus can give rise to true abscess in connective tissue, either before, during, or after the evolution of a pneumonia. The author relates four instances: one of abscess of the sub-maxillary region, one of the mastoid region, one of the tissue surrounding a tooth, and one of the perineum. The pus was carefully collected and found to contain only diplococci, and cultures showed the only micro-organism present to be that of Fraenkel. Experiments on guinea-pigs showed all the special changes caused by the pneumococcus, of which the encapsulated appearance was typical.—*N. Y. Med. Record*.

#### MANAGEMENT OF THE PAROXYSMAL INEBRIATE.

The assertion so confidently made by some to the effect that paroxysmal inebriety can be "radically cured," seems to me open to serious question. I have seen altogether too many "cured" cases relapse. There is little doubt, however, that under proper management the duration of the paroxysms can be materially shortened, and the intervals between them prolonged to such a degree that, in the majority of cases, the disease need no more interfere with a man's business than a gouty diathesis with occasional acute exacerbations. But to attain this result the condition must be treated as one of disease pure and simple, and the family and friends of the patient must heartily coöperate with the physicians in enforcing the necessary discipline. If the patient will himself coöperate, so much the better.

The plan of treatment which has proven most effective in my own hands is as follows: The patient is put to bed

and kept there for three or four days under the constant care of a nurse; if the patient be allowed to go about he does not recover physical tone as soon, and if he be let alone any length of time the fits of mental depression into which he is certain to fall greatly retard his recovery. Alcoholic liquor in every form is withheld from the first. Hot broth is given every hour, and hot milk at the usual meal times. Strychnia ( $\frac{1}{80}$  to  $\frac{1}{120}$  grain of the sulphate) is given every hour, and in case the heart acts feebly or the kidneys are sluggish it is combined with  $\frac{1}{480}$  grain of digitalin. At night a sedative is given subcutaneously. Terchloride of gold and sodium ( $\frac{1}{20}$  grain in thirty minims of water) has seemed to act kindly—more so than preparations of opium, either alone or combined with atropia or hyoscyamia, or those mixtures containing chloral or bromides. Coffee, hot; and without milk or sugar, is allowed if the patient cares for it. Irregularities of the stomach and sluggish action of the chylipoietic system are corrected with small doses of calomel ( $\frac{1}{10}$  grain three to six times a day), combined with ipecac and soda.

After the third day the patient is allowed to sit up, and easily digested food, such as rare beefsteak, etc., is added to his diet. From the fifth to the eighth day the nurse can usually be dismissed, and the patient returns to his business free from the craving for liquor for the time being. I add the qualification advisedly, for over-work, or over-worry, or prolonged privation of sleep, or any other cause which lowers the reserve of nerve-force below a given point, will occasion a return of the craving, and with this craving comes the delusion of dipsomania, viz., that, since he is cured, he can take one glass and then stop. He takes it, but he doesn't stop. As a precaution, after the patient has returned to his usual avocation, it is just as well to have him come to the office first daily, then every other day for a week or so, for his hypodermic of terchloride of gold. Every pains should be taken to impress both the patient and his family with the necessity of avoiding those causes

which in his case seem to determine the attack, and of coming to the physician when the prodromata (most prominent among which are indigestion and insomnia) first appear.

By taking these precautions, patients often go two years, and even longer, without a relapse. To make a long story short, dipsomania is one of the graver manifestations of nervous exhaustion. The principles that underlie its successful treatment are the same that underlie the treatment of other extreme forms of neurasthenia, viz., rest, forced feeding, and tonics, with proper care after recovery to forestall a recurrence of the attack.—DR. L. B. TUCKERMAN in *Medical Record*.

#### GERM THEORY OF DIPHTHERIA FROM THE THERAPEUTIC POINT OF VIEW.

According to the *Bulletin Général de Thérapeutique*, October 30, 1891, Dr. Jacques, of Marseilles, promulgates the following doctrine: While diphtheria is due to a specific germ from which emanates toxic properties, causing various disorders in their journey through the economy, the germ itself exists only in false membranes, and does not penetrate the blood or organs. The mouth and false membranes contain other micro-organisms beside the specific diphtheritic germ. Gargles are recommended every hour, first of perchloride of iron in solution, followed by washing the throat with warm water containing three parts of boracic acid to every hundred parts of water; and the alternate hour, a gargle of carbolic solution, 1 : 100, without washing the throat afterward. For very young children powders may take the place of gargles.—*N. Y. Med. Record*.

#### THE TREATMENT OF DYSEN- TERY.

At a meeting of the Medical Society of London, held October 19, 1891 (*Medical Press*), Professor Bahadurji, of Bombay, read a paper on the treatment of dysentery, which he said was not a contagious or infectious disease,

nor in any sense specific. He claimed to have reduced the mortality to almost nothing. Instead of endeavoring to keep up the strength of the patients by meat juices and extracts, which he said acted only as irritants, he gave arrow-root milk. In the way of medication he gave bismuth, Dover's powder, and soda, with the object of neutralizing the acidity of the blood, of calming the abnormal action of the glands of the large intestines, and of rendering the canal sweet and free from decomposition. He pointed out that the action of the ipecac and the alkali was to render the thick, sticky mucus more liquid, and thus enable it to be got rid of.—*Med. Record.*

#### ACUTE NEPHRITIS.

For acute parenchymatous nephritis following the puerperal condition in a young married woman aged twenty-seven years, Prof. DaCosta prescribed the following:—

℞. Tinct. belladonnæ, - gtt. iij  
Tinct. digitalis, - gtt. x  
Liq. potassii citratis, - f 3 ij. M.  
Sig.—Three times a day.

Apply dry cups over the kidneys and also counter-irritation over the kidneys with croton oil. The patient was directed to stay in bed for two weeks and her diet to be absolutely of milk, the kidneys to be kept washed out by drinking plenty of water or by using any mild diuretic.

—*Coll. and Clin. Record.*

#### DANGER IN THE THIMBLE.

A doctor at one of the Berlin hospitals reports a case of a woman suffering from poisoning, caused by using a common metal thimble to sew with, when she had a slight scratch on her finger. The thimble was found on examination to have two or three small spots of verdigris inside. A silver thimble should, if possible, be used, or, if that is too expensive, a steel one.—*The Druggists' Circular.*

YEARLY subscription to the LANCET CLINIC \$3.00 if paid in advance.

### Miscellany.

#### HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending January 8, 1892:

WARD.	Measles.		Scarlet Fever.		Whooping Cough.	Diphtheria.		Croup.		Typhoid Fever.	
	Cases.	Deaths.	Cases.	Deaths.		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....			2			1				1	
2.....	8		2	1		2					
3.....											
4.....			2			10		1	1		
5.....											
6.....			1							1	
7.....			2			3					
8.....						1					
9.....			2		1	1					
10.....			1		3					1	
11.....											
12.....			1			4	3				
13.....								1	1	1	
14.....											
15.....						1	2				
16.....			1								
17.....			1			1				1	
18.....	1										
19.....											
20.....			2								
21.....			3			2	1			1	1
22.....			1							1	
23.....			2			1					
24.....			1			7	3			3	
25.....			1		1						
26.....	3	1				1	1				
27.....			1							1	
28.....			3			1	1				
29.....			2	1							
30.....			1			1	1				
Public Institutions.....										3	1
Totals.....	12	1	32	2	5	36	12	3	3	13	2
Last week.....	18		27	3	3	43	10	4	3	12	1

Mortality Report for the week ending January 8, 1892:

Croup.....	1
Diarrhoea.....	3
Diphtheria.....	2
Influenza.....	12
Measles.....	36
Scarlatina.....	1
Typhoid Fever.....	2
Other Zymotic Diseases.....	2—59
Cancer.....	4

Phthisis.....	15
Other Constitutional Diseases.....	4—23
Bright's Disease.....	3
Bronchitis.....	19
Convulsions.....	8
Gastritis—Enteritis.....	5
Heart Disease.....	7
Meningitis.....	4
Nephritis.....	1
Pneumonia.....	18
Other Local Diseases.....	14—79
Deaths from Developmental Diseases.....	6
Deaths from Violence.....	5
Deaths from all causes.....	172
Annual rate per 1,000.....	29.81
Deaths under 1 year.....	25
Deaths between 1 and 5 years.....	21—46
Deaths during preceding week.....	204
Deaths for corresponding week of 1891....	115
Deaths for corresponding week of 1890....	137
Deaths for corresponding week of 1889 ..	99

J. W. PRENDERGAST, M.D.,  
Health Officer.

### OHIO HEALTH BULLETIN.

Infectious Diseases reported to the Ohio State Board of Health in 45 cities and towns during the week ending January 8, 1892.

**Diphtheria:** Akron, 3 cases, 1 death; Barnhill, 1 case; Cincinnati, 36 cases, 12 deaths; Cleveland, 16 cases; Columbus, 13 cases, 5 deaths; Elmwood Place, 1 case, 1 death; Elyria, 3 cases; Greenville, 2 cases, 1 death; Leetonia, 1 case; Lima, 4 cases, 1 death; Ravenna, 2 cases; Springfield, 1 case, Sycamore, 3 cases, 3 deaths; Toledo, 3 cases, 2 deaths; Van Wert, 1 case; Youngstown, 3 cases, 1 death.

**Scarlet Fever:** Akron, 1 case; Cincinnati, 32 cases, 2 deaths; Cleveland, 15 cases, 1 death; Columbus, 12 cases, 1 death; East Palestine, 1 case, 1 death; Elmore, 7 cases; Elyria, 2 cases, 1 death; Forest, 1 case; Geneva, 4 cases; Glendale, 5 cases; Ironton, 2 cases; Lancaster, 4 cases; Lockland, 1 case; Logan, 4 cases; New Washington, 1 case; South Brooklyn, 1 case; Springfield, 3 cases; Toledo, 4 cases; Youngstown, 6 cases, 1 death.

**Typhoid Fever:** Barnhill, 1 case; Cincinnati, 13 cases, 2 deaths; Cleveland, 1 case; Chester Hill, 2 cases; Dalton, 1 case; Geneva, 1 case; Toledo, 1 death; Youngstown, 1 case.

**Measles:** Cincinnati, 12 cases, 1 death; Cleveland, 5 cases; Garrettsville, 4 cases; Lima, 2 cases; Springfield, 14 cases; Van Wert, 6 cases; Youngstown, 67 cases.

**Whooping-Cough:** Cincinnati, 5 cases; Cleveland, 2 deaths; Garrettsville, 3 cases; New Washington, 3 cases; Youngstown, 1 case.

No infectious diseases reported to health officers in 14 towns.

C. O. PROBST, M.D., Secretary.

SUBSCRIPTIONS TO LANCET-CLINIC may commence at any date.

### SANITARY TRIUMPHS.

In an interesting article in the June issue of the American Statistical Association's quarterly publication, we find some significant facts regarding the advantages of sanitary legislation experienced in England within the past sixteen years. In the year 1875 a general law was passed in England for the protection of the public health, known as the Public Health Act, and from that time the death rate in England has decreased for all diseases which owe their origin and growth to defective drainage and impure water supply. Typhoid fever is such a disease, and the diminution of 57 per cent. in the death rate from this malady is undoubtedly the greatest triumph for sanitary reformers. During the ten years from 1866 to 1875 the annual mortality was 22.19 per thousand inhabitants; and from 1838, the first year of careful registration, to 1865, the average annual rate was about 22.35 per thousand. But for the ten years of the period 1880 to 1889 the average falls to 19.08. It seems justifiable to ascribe this diminution in the death rate to the operation of the Public Health Act, and the execution of duties such as drainage, inspection of water-supplies, vaccination, and others which are becoming better understood.

Mr. Farr, in his *Vital Statistics*, estimates the value of human life in England to be about \$770 a head; that is, the value inherent in the people as a productive money-earning race. If we suppose, which is allowable if other things remain the same, that this diminution of the death rate during this last decade was due to the measures taken to that end, we find that the number of lives saved, representing a total for the decade of 856,804 persons, according to Mr. Farr's estimate, represents a social capital of \$650,000,000. Thus in ten years the country has more than regained the sum that was spent in sanitary improvements in the fifteen years, and in this calculation nothing figures for spared grief, better health and happier life.

This diminution of mortality is not



observed in all forms of disease. The mortality from zymotic diseases, from 1861 to 1870, was 42.54 per 10,000 living and this was reduced to 24.52 in the period from 1880 to 1889, but measles, diphtheria, whooping-cough appear to have escaped the influence of sanitary measures. Consumption has equally diminished in England in the last years. The mortality from this cause in the years 1861 to 1870 was 24.89 per 10,000 living. For the period 1880 to 1889, it fell to 17.36. The statistics further demonstrate that sanitary measures affect the death rate of young persons between the ages of one and twenty-five years, and especially between ten and twenty years. The gain in this latter decade, which amounts to 28 per cent., is economically a great gain. The death rate for old persons has increased during the last decade, a fact which may be chargeable to the bustle of the nineteenth century, the wear and tear upon the nervous system, while the effect of sanitary improvement is most noticeable in the abatement of infant mortality.—*American Analyst*.

#### DOUBLE PYO-SALPINX IN A CHILD ONE YEAR NINE MONTHS OLD.

Mr. A. H. Cheate reports a case in the *London Lancet* in which this condition was discovered *post mortem*. A large irregular cavity, containing an ounce and a half of thick pus, was found in the superior lobe of the right lung, surrounded by tubercular consolidation. Tubercular deposits were also found scattered through the middle and inferior lobes, in the liver and right kidney. The peritoneum was studded with yellow tubercles, especially in the pelvic region. No ulceration was detected in the small intestine. On removing the sigmoid flexure some thick pus was observed at the left pelvic brim, which was found to be exuding from an abscess in the left broad ligament. The uterus and its appendages were then removed, both Fallopian tubes found to be coiled and distended with pus, the left more so than the

right, and apparently in communication with the abscess, the left ovary being completely hidden and the right tube prolapsed when the specimen was looked at from the front. On dissection, the peritoneum, though somewhat thickened, was fairly easily dissected off. The proximal ends of both tubes were found to be healthy, the right for an inch, the left for a quarter of an inch, the left opening into the abscess and forming its wall, the abscess containing about one drachm of thick pus. The uterus was found to be perfectly healthy.—*Weekly Med. Review*.

#### THE TELEPHONE IN DIAGNOSIS.

In the case of a child suffering from membranous croup, intubation was successfully practiced recently by Dr. J. Mount Bleyer, but when he came to remove the tube he found that it had entirely disappeared. In the hope that it still remained in the upper air passages he resorted to the use of a telephonic test to locate the position of the tube before resorting to tracheotomy, and the result proved very satisfactory. A delicate metallic probe attached to an electric wire, the other end of which terminated in a telephonic receiver, was passed down through the larynx, and as soon as it came in contact with the tube, a distinct click was communicated to the ear through the receiver. The exact location having thus been determined, tracheotomy was performed and the tube extracted.—*The Druggists' Circular*.

#### HOSPITALS OF CINCINNATI.

Dr. James T. Whittaker says the medical schools of Cincinnati represent every freak, fraud and frenzy of which the human mind is capable. There is a hospital for every race, for every creed, for every sex, for every age, and at present rates there will soon be one for every disease and every doctor, as founders of hospitals and medical schools are physicians, preachers, fashionable ladies, and men who have made fortunes by questionable means, as vending patent medicines.—*The Medical Progress*.

## Bibliography.

### MEDICAL LITERATURE REVIEWED TO DATE.

#### FOSTER'S PHYSIOLOGY.

It is an exceptional pleasure to be called upon to review such a work as the new edition of Foster's Physiology, just published by Lea Brothers & Co. Advanced to the front rank of text-books ever since the date of the first issue, it has been strengthened by the various revisions it has undergone, as one edition after another was exhausted. We know of no classical work on any department which bears greater evidence than this of thought, comprehensive grasp, of a broad fund of collateral information, and of concise, scholarly finish. The author's erudition appears upon every page; and in his treatment of the various departments of his subject he appeals to a similar foundation of general learning in the reader. The book is conceived and executed upon a very high plane, as is fitting in a text-book intended for University uses. It was evidently written originally for the University students who had finished their collegiate course and were entering upon medical work. It is not surprising, therefore, that much very elementary work, particularly in collateral branches, should have been omitted, and that the phraseology should throughout be thoroughly scientific. It is this which makes the book so valuable, particularly to the teacher of physiology.

In many of our American schools, where the standard for admission and graduation is far from being what it should, the very excellence of the work may militate somewhat against its general introduction; it is too good, too scientific, too thorough and comprehensive. In the better schools the book will surely enjoy a well-merited popularity, the highest tribute its author can desire. The introduction of colored plates, in the chapter on digestion, is an innovation, but one that is in the right direction. The value of illustra-

tions for the student is greatly enhanced by the introduction of proper color effects, and we believe that publishers will find it to their advantage to observe this one point closely. The modern advances in color printing of various kinds make it comparatively easy to reproduce almost anything in the way of histological detail, with the proper, characteristic stains.

It is difficult to select among the individual chapters any that specially commend themselves, because all are uniformly well handled. The chapters on the blood and circulation and those on digestion might be excepted as above the average. In the former the author seems to reject the idea of a stroma in the protoplasm of the leucocytes, a position in which he is upheld by other eminent men, but which some of the reviewer's own preparations would seem to disprove.

Altogether the book leaves the impression that, when it has been thoroughly studied, there will be little need of going farther, and, while Prof. Foster has given to the profession much other valuable work, the text-book of physiology will always remain a proud monument of his ability and labor. J. E.

#### BROCHURES RECEIVED.

Fifth Annual Report of the Ohio State Board of Health.

Hypodermatic Medication. By Roberts Bartholow, M.D.

Influenza. By E. S. McKee, M.D., Cincinnati, O. Reprint from the *Medical Record*.

Text-Book of Practical Anatomy. By Henry C. Boenning, M.D. F. A. Davis, publisher.

The Post-Partum Douche. By Edwin Pynchon, M.D. Reprint from the *North American Practitioner*.

Tumors of the Naro-Pharynx, Pharynx, Larynx and Oesophagus. By W. Cheatham, M.D., Louisville, Ky.

The Statistics and Lessons of Fifteen Hundred Cases of Refraction. By Geo. M. Gould, Philadelphia, Pa.

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## CONTENTS.

### ORIGINAL ARTICLES.

- SURGERY FOR THE RELIEF OF NASAL AND NASO-  
Pharyngeal Reflexes. By L. C. Cline, M.D., Indian-  
apolis, Ind. 97  
INFANT FEEDING. By M. F. Cupp, M.D., Edinburg,  
Ind. 101  
A CASE OF GUN-SHOT WOUND OF THE LIVER. By Edwin  
Ricketts, M.D., Cincinnati. 103

### SOCIETY REPORTS.

- INDIANAPOLIS SURGICAL SOCIETY.  
Meeting of October 4, 1891.  
Discussion on Surgery for the Relief of Nasal and  
Naso-Pharyngeal Reflexes. 104

### TRANSLATIONS.

- THE BENEFICENT MICROBES. By T. C. M. 105  
THERAPEUTIC NOTES. By F. H. Pritchard, M.D., Nor-  
walk, O.  
Treatment of Phosphorous Poisoning.—Nitrate of Silver  
in Humid Eczema.—Prophylaxis and Treatment of  
Mercurial Stomatitis.—Acute Tonsillitis.—Dosage and  
Indications of the More Important Antipyretics in  
Pediatrics. 107  
Euprophen in the Treatment of Soft Chancres. 108  
Ulcerated Chilblains.—Whooping-cough.—Neuralgia of  
the Trigemini.—Potassium Bichromate in Diphthe-  
ritis.—Sweating Feet.—To Extract a Needle from the  
Foot. 109

### EDITORIAL.

- A STATE COMMISSION IN LUNACY. 110  
PROHIBITIVE LAWS. 111  
The International Executive Committee of the Pan-  
American Medical Congress. 112  
Editorial Notes. 113

### SELECTED.

- Compound Elixir of Chloroform.—Acute Bronchitis. 103  
Electricity in the Treatment of Uterine Fibroids. 104  
Otagia. 106  
The Medical Treatment of Cystitis. 113  
Fatal Rupture of an Ovarian Cyst in an Infant. 114  
Exalgin (Methylacetanilid) in Infantile Therapeutics.—  
An Improved Method of Grafting Ulcers. 115  
Modern Renal Surgery. 116  
The Diagnostic Value of the Plasmodium of Malaria.—  
Cactus Grandiflorus in Functional Affections of the  
Heart. 117  
Chronic Pharyngitis.—Points on Syphilis.—The Treat-  
ment of Typhoid Fever. 118  
The Route of Respired Air Through the Nose.—Arthrot-  
omy in Old Luxations.—The Cutaneous Absorption of  
Drugs Incorporated in Fatty Substances. 119  
Notes upon a Possible Service to be Expected from Diu-  
retin in Genito-Urinary Surgery.—The Iodides of  
Antipyrine.—Alleged Ovarian Gestation Combined  
with Normal Pregnancy. 120

[Contents Continued on advg. page 5].

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**Original Articles.**

**SURGERY FOR THE RELIEF  
OF NASAL AND NASO-  
PHARYNGEAL RE-  
FLEXES.**

WITH REPORT OF CASES.

A Paper read before the Indianapolis Surgical  
Society, October 4, 1891,

BY

L. C. CLINE, M.D.,

Professor of Laryngology and Rhinology in  
the Medical College of Indiana.

The subject of naso-pharyngeal reflexes is not only of great importance to the specialist, but also to the general practitioner, as it enables him to account for, and intelligently treat, many of these distressing cases.

To have a true reflex phenomenon, we must have an irritation produced in a sensitive nerve connected with a nerve centre or the spinal cord, and this in turn must be connected with a motor fibre joined to a motor organ, which may be located in an entirely different organ or part from that in which the irritation is produced, as migraine from indigestion or uterine irritation, etc., which may result in a pathological lesion or a train of morbid symptoms.

In no part of the body do we find the reflex tendency so great as in the naso-pharyngeal and respiratory regions. Hence we should not be surprised to find the nose a frequent source of reflex phenomena.

The first to call attention to nasal reflexes was Voltolin, who describes a case of spasmodic asthma, due to a nasal polypus, which was cured by the removal of the growth.

All writers on this subject now recognize the importance of investigating the condition of the nasal membranes in these diseases.

In 1886 Bosworth published a paper in which he argued that the prominent predisposing cause of nearly all cases of hay fever was due to obstructive lesions of the nose, in this way giving rise to vascular dilatation behind the point of obstruction, thus rendering the parts more susceptible to the action of irritating influences; and this, in fact, may, or does, account for many of the reflex phenomena that are met with, such as supra-orbital neuralgia, hay fever, asthma, some eye reflexes, chronic laryngitis, etc.

Bosworth further showed in that paper that three conditions are necessary for the production of hay fever or asthma, as they differ only in that one is vasomotor rhinitis and the other vasomotor bronchitis. These conditions are: (1) An obstructive lesion in the nose; (2) a neurotic habit; (3) contact of some external irritating substance.

Sir Morell Mackenzie, in his work, recognizes the fact that in a great majority, if not all, cases of asthma, the mucous membrane of the nose presents evidence of disease.

Objections may be raised that all cases of nasal inflammation do not have asthma. The same may be said of the neurotic habit.

To sum up, there are three essential conditions necessary for the production of an exacerbation of hay fever or asthma: (1) The presence of pollen or some irritating substance in the atmosphere; (2) a neurotic habit; (3) a local morbid condition of the mucous membrane. These three conditions are present in all cases, and no individual

is liable to an attack in whom one or more of these conditions are absent.

Now, since a large per cent. have obstructive lesions, and all are exposed to the irritating influences of dust and pollen at certain seasons of the year, we must look to the curing or bettering of the conditions of our patients by removing the obstructions and treating the local morbid conditions of the nose and naso-pharynx, such as deformed septums, spurs, tumors, hypertrophy of the turbinates and adenoid tissue of the vault and tongue.

With these preliminary remarks, I will call your attention to a few cases that have come under my observation, as illustrative of the effects of surgical treatment.

#### CASE I.

On April 5, 1890, I was consulted by Miss E., aged twenty-four, who gave a history of asthmatic attacks more or less every spring and fall for twelve years. On examination, I found the post-nares almost occluded with hypertrophic tissue, with the usual story of taking cold at every change of the weather, with nasal voice, mouth breathing, etc. I at once began treatment to relieve the obstruction by the use of the galvano-cautery. The patient was treated and kept under observation until July 23, 1890, a period of about four months. All the hypertrophy having sloughed away, I discharged the case as cured.

This patient called at my office on October 10, 1891, one year and two and a half months after the last treatment, and stated that she was well, and had not had the slightest return of asthma.

#### CASE II.

On February 4, 1890, Mr. J. N., aged forty-two, consulted me for treatment. He had been a sufferer from hay fever, followed with asthma, every fall for fifteen years, and for the last three years his suffering had been extremely severe.

On examination, the left side of the nose was found entirely occluded, from deflected septum and spur anteriorly, and posteriorly it was filled with hyper-

trophic tissue. I at once removed, with the saw, the projecting portion of the septum, which extended back one inch and a quarter. I then began with the galvano-cautery to remove the hypertrophic tissue. The patient was kept under treatment and observation up to September 7, up to which time there had been no recurrence of hay fever but on the 12th of September the asthma returned in a light form, not sufficient to cause the patient to stop work. The patient expressed himself as feeling that he "had a new lease of life."

I have not heard from this case this fall, and do not know what the result has been, but the marked feature of the case is the entire absence, after the operation, of the hay fever, which always preceded the asthma in a severe form, and always began about the 15th of August.

#### CASE III.

On December 11, 1890, Mr. C., of Johnson county, consulted me and gave a history of asthma with a sense of constriction in lower part of pharynx, for about two years, and a strong tendency to take cold at every change of the atmosphere. He stated that he had not been able to do out-door work, or expose himself to damp or night air without an attack of asthma, for one year. On post-rhinoscopic examination, the nose was found to be well filled up with hypertrophic tissue, with some adenoid tissue in the vault. After cocaineizing, I applied the cautery; this operation I continued twice a week for eight weeks, then once a week to April 11, extending over a period of four months, when I discharged him cured. He having had but one slight attack the second week after the first treatment. Four months after he began treatment he stated that he had been at work on the farm for two months, and had taken no more precaution than the other hands; also had been out at night without any return of the old malady.

#### CASE IV.

Mr. H., from Hendrix county, aged nineteen, consulted me on December

21, 1890, and gave the following history: For two years he had been annoyed very much with repeated colds and slight attacks of asthma, stuffy feeling in nose, weak eyes, and pain in supra-orbital regions. Investigation showed the mucous membrane of nose in a chronic state of congestion, 15 per cent. from the normal condition, with posterior nares well filled with hypertrophic tissue; also follicular pharyngitis and enlarged tonsils. After ten weeks' treatment, and the complete removal of the hypertrophic tissue and tonsils, the case was discharged cured. In this case I gave two treatments a week. It has now been ten months since the treatment began, and there has been no return of asthma, and but little tendency to take cold; and eyes have given no further trouble.

## CASE V.

Miss S., aged twenty, consulted me on February 16, 1891, stating that she had just partially recovered from a severe attack of asthma, during which she could not lie down, but had to sit propped up in bed for two nights, and that this was one of a series of attacks of more or less severity she had experienced during the last year. She stated that there was no regularity or warning of an attack, but that they followed either taking cold or exposure to heat, to which she was very susceptible. The grandmother was a sufferer from asthma. The treatment in this case, cauterization, was continued for three months. At the end of six months there had been no more attacks, with but slight tendency to recurrence on exposure to heat and the changes.

## CASE VI.

On August 4, 1890, Mr. R., of Morgan county, school teacher, aged twenty-two, was referred to me for throat trouble. He was stout and robust in appearance. He stated that seven months prior to this time he took a severe cold, which was protracted, but finally left him with a very irritable throat. He said that when eating he would frequently have to stop, and would often throw up his food—was

liable to turn sick in a warm room. On examination, I found his tonsils enlarged, projecting well out into pharynx; pharynx granular. After complete removal of tonsils with guillotine and painting pharynx a few times with nitrate of silver, sixty grains to the ounce, the case was entirely cured.

## CASE VII.

In April, 1888, Miss N., of Green-castle, aged eighteen, came to consult me, and gave the following history: Had always been well up to four years previous, when she had diphtheria, which left her with an irritable throat and a hacking cough at times. During the last year the cough had grown much worse, and was usually attended with choking and a suffocating or smothering sensation. Her mother stated that she had become very despondent, and was losing all interest in school and affairs generally. She further stated that she had been treated with all kinds of tonics and cough mixtures with no perceptible benefit. Examination revealed a pear-shaped tumor springing from the end of the left middle turbinate and lying on the soft palate, extending down to its free edge. I removed the tumor with the cold snare. The cough and all the other symptoms as detailed vanished with the tumor, and the patient was restored to perfect health.

## CASE VIII.

On November 4, 1889, Miss W., of Greenwood, Ind., aged twenty-seven, gave me the following history: For six years she had been suffering from something, she did not know what, as the doctors had diagnosed and treated her for everything from consumption to hysterics. She stated that every time it rained, or the weather was damp, a lump would seem to rise in her throat and almost choke her; and this, with a rough, raspy feeling or sensation, would annoy her as long as it rained or the weather was damp. She had reduced considerably in weight, was becoming emaciated and worn, and said that life had no charm for her unless she could

get relief. Examination revealed nothing wrong with the lungs, larynx, posterior wall of pharynx or nose, except slight congestion of larynx and pharynx, which was not sufficient to give rise to the symptoms complained of; but on drawing the tongue forward, I discovered the tongue, tonsil and papillæ projecting, in appearance like seed-warts, which gave the key to the situation. I began their removal at once with the galvano-cautery, which was applied twice a week for eight weeks, when the patient was discharged cured. She has since gained twenty-five pounds, and has had no return of the trouble, and now says she enjoys the best of health.

## CASE IX.

I was consulted on September 13, 1890, by Miss W., aged sixteen. She appeared well, vigorous and healthy, but complained of a twitching of eyelids, especially the left, and a stuffy feeling of nose, which was better or worse at times. Her mother stated that she had been constantly under the care of an irregular physician for one year, and that during all this time he had enjoined her from school and all housework, and had told them that she had St. Vitus' dance, or at least was *strongly* threatened with it, but that by close attention, and application of his great skill in these cases, and the aid of his infallible remedies, he could steer clear of the danger line and bring her through safe. Inspection of this case showed nothing wrong except enlarged and a boggy condition of turbinate bodies, thus causing the reflex twitching of the muscles of the eye-lid. After a few applications of cautery, and general attention to nose and naso-pharynx, the case was discharged cured, and has had no trouble since.

## CASE X.

In May, 1889, Miss S., aged seven-teen, sought my advice with a view of taking treatment for her throat. She stated that four years previous she had diphtheria, which was followed with aphonia for a short time. She gradually recovered, but her throat was left in an irritable condition, and she com-

plained much of the time of a hacking cough. She had been treated by several physicians with the various cough mixtures with but little benefit. Her mother stated that during the last year she had grown worse and refused to eat at times. Food and liquids would often drop into the larynx and produce a fit of coughing. She also stated that during the last four months she had been very despondent, and had developed a fear of choking, so much so, she would not walk out in the street alone. Was often afraid to go to sleep. Would not sleep alone, fearing she would suffocate before she could make her wants known. She would at times become hysterical and visionary. In fact, she had become a great charge to the family. It was with great difficulty that she was persuaded to have her throat examined, and not until she had made two or three visits to my office could I get a view of the larynx, when I found a cystic tumor occupying about two-thirds of the dorsum of the epiglottis, about one-quarter of an inch at its highest point. After a persistent effort at training, and the use of cocaine, I succeeded in puncturing the tumor in about its center with the galvano-cautery, passing the point in about the depth of the tumor. This operation I continued once and twice a week, enlarging the first puncture, or selecting a new place, as I thought best. I had no trouble in finally removing the whole of the tumor in this way, and was not troubled with reaction, or inflammatory swelling. This patient improved in all her symptoms as the tumor disappeared, and was fully restored to apparently perfect health.

In conclusion, I wish to state that in treating these and like cases attention is not entirely directed to the local morbid conditions, but that due consideration is given to constitutional tendencies, such as mal-nutrition, scrofula, syphilis, gout and rheumatism.

Thinking perhaps that the report of these cases would be of more practical benefit than the compiling and presenting of theories as contained in text-



books is my only apology for the subject-matter of this paper.

[FOR DISCUSSION SEE P. 104.]

## INFANT FEEDING :

### ARTIFICIAL VS. NATURAL METHOD.

BY

M. F. CUPP, M.D.,

EDINBURG, IND.

Infant feeding is a subject of great importance. Not only is it important as regards its immediate effects on the health, but also as regards the mental faculties and disposition of infants. It is by no means uncommon to see children, the offspring of parents whose vitality has reached low ebb, dull, stupid, sluggish creatures, prone to suffer from diathetic vices or acquired diseases. The parents may only be "run down" in health, or they are of a delicate, nervous, erethistic order of being. They are sometimes syphilitic, often tuberculous, or have a carcinomatous taint. The physical conformation is peculiar. They are the opposite of that robust, vigorous type, so pleasing to the eye, and which contributes most liberally to the greatness and nobility of a nation. They are puny, pale, lacking in that buoyant, sparkling sense of vitality, deep and firmly founded, which flashes from the eye and glows upon the well-rounded cheek of their intellectual and physical superiors. The dull, heavy eye and diffident manner mark them as of inferior mold.

It is not claimed that this is entirely and invariably due to a particular line of alimentation, but that it often is. The precise limit it would doubtless be impossible to indicate by unswerving rules. Perhaps, as in many other things which closely concern the welfare of humanity, no hard-and-fast lines may be drawn. The grouping of similars, and of dissimilars, may occupy the attention of scientists after more decisive advances in the practical details of their clinical management have been made.

The object of this paper is to call

attention to lines of investigation which may be profitably followed.

The truth of the principles involved is impressed upon me by many things observed during an experience, among country children, extending over a period of thirteen years.

Among children in large cities (of whom I shall not speak, except it be incidentally), with bad sanitary surroundings, or under other unfavorable circumstances, where artificial feeding cannot be practiced with any degree of success, owing to inability to procure pure cow's milk in an assimilable condition, it is doubtless true that even a poor wet-nurse is the only safe alternative. I am not speaking of children suffering from gastro-intestinal diseases, but of those whose digestive organs are as yet in a state of comparative health. Among children in the country, with whom we may deal differently, as a plentiful supply of cow's milk of good quality may generally be obtained, we may frequently advise the relinquishment of the mother's breast and the substitution of the former nutrient with the most happy results.

We do not advocate the general abandonment of breast-feeding, but would simply call attention to the fact that cow's milk may often be substituted for that of the mother with good advantage.

My attention was first called to this subject in the following manner: I was summoned to treat Mrs. J—, who was found suffering from well-advanced pulmonary tuberculosis, and, in addition, expecting confinement two months later. She made only temporary improvement under treatment, the case progressing slowly until confinement. Anticipating more rapid decline thereafter, they were instructed to artificially rear the child. As delivery occurred in the month of January, there would remain a sufficient interval in which to accustom the infant to its diet before the trying heat of summer, and the increased functional activity of its teething period, were fully on. There were in this family several other children born of the same parents, and having their confirmation of features and body.

The woman gave birth in due time to a female child weighing five and a half pounds. She survived this occasion about eight months. The infant was nourished with cow's milk from the first. She grew plump, strong and vigorous. She is now eight years of age, ruddy and robust. Her brothers and sisters are dull, stupid and sluggish. They are heavy-eyed, backward and diffident, the victims of chronic rhinitis, with constant mucous flux from the nostrils. One of the number perished three years ago from scarlatina. Although constantly exposed, our milk-fed girl escaped unscathed. She is now as frisky and frolicsome as a lamb. No one would ever suspect her to be the offspring of the same parents as the other children.

In a second case there was no constitutional disease, but a poorly developed body in the mother. The father was tall and spare, but perfectly healthy. She was advised to hand-feed her child, but refused. The task of nursing it was assumed by the mother. The infant speedily reduced the already slight form of the mother to an alarming degree of emaciation. She sickened of typhoid fever, and, after a heroic battle, succumbed. Her physician permitted the child to nurse her until a week or ten days before the end. Her mother's good sense at last secured its removal from the breast, and caused it to be fed from a bottle with cow's milk, properly sterilized. The change came almost too late, but the infant finally rallied, and in a few weeks began to gain rapidly. From a sickly, spiritless being, it developed into a bright, lusty child, as playful as a kitten. Its progress was not, however, unmarked by interruptions. An unthinking nurse placed its life in jeopardy on several occasions by surfeiting.

In the latter case some may question my deductions; but it is held that this lady was reduced in health, her nervous energy expended in a vain endeavor to force her delicate organism to furnish the materials for the reparation of the breach produced by an unequal drain, and at the same time supply a sufficient quantity of nutriment, properly elabo-

rated, and containing the proximate principles essential to the perfect growth and development of her infant.

Our third example is one in which a delicate lady, the mother of one child ten years old, which she nursed at the breast, her health suffering in consequence for several years, became pregnant a second time. She consulted me some weeks before her expected confinement. On hearing the history of her former pregnancy, with its troublesome sequel, she was advised to try artificial feeding in her expected child. The advantages likely to accrue therefrom, namely, more vigorous health in the child, with greater immunity from congenital imperfections and diseases, greater ability to resist the invasion of acquired maladies; and on her part, a higher standard of health, giving greater immunity from infectious diseases, were duly presented. The advice was followed, with the most happy results. Her infant's growth was something remarkable. The only departure from this state of affairs occurred during the simultaneous eruption of several teeth, and was doubtless due to over-feeding. Measures addressed to the gastro-intestinal catarrh, with a greatly restricted diet, tided the little fellow safely over the breakers, when the progress of its renewed development was simply wonderful.

The eruption of the teeth in this infant claims attention. The quality of nutriment evidently influenced the early development and eruption of the teeth, by supplying the organism with the proximate principles necessary for the nutrition and development of the entire organism. Vigorous digestion requires vigor of all the bodily forces, and lends vigor to all bodily forces.

Attention might be called to many more cases similar to those cited, but we regard these as sufficient to illustrate the advantages claimed, in certain cases, for cow's milk in the dietary of infants. Perhaps in the same cases, at another time, artificial feeding would be unnecessary, and, therefore, not to be recommended. The resources of the mother might be adequate for the successful nourishment of her offspring.

Yet children, in either parent of whom there lurks a syphilitic, tuberculous or cancerous taint, would reap great advantage from feeding upon pure, unadulterated milk from a healthy, pastured cow. Of course, it should be given in proper quantity, and thoroughly tested to eliminate variations in essential elements. The nurse, or whoever is to administer it, should be taught how to sterilize and prepare it.

## A CASE OF GUN-SHOT WOUND OF THE LIVER.

Reported to the Cincinnati Medical Society,  
December 1, 1891,

BY

EDWIN RICKETTS, M.D.,  
CINCINNATI.

In December, 1881, a youth of sixteen pointed a cocked revolver (32 caliber, Smith & Wesson pattern) at an associate of his own age; this was done with no criminal intent, although both boys knew that the weapon was loaded. (This was in Kentucky.) Under such circumstances the gun that fails to go off is the exception; this was not an exception, for it did go off, sending the ball into the sixth intercostal space, at a point just below and in line with the right nipple. Its course was slightly downward, through the liver, missing boay tissue, lodging midway in the rectus muscle of the spine (right) just above the kidney.

I reached him two hours after the accident, and found well-marked shock, not much hemorrhage at the entrance-wound; respiration was such that it led me to decide that the pleural cavity had not been entered. I at once cut down on the ball, having to go through considerable muscular tissue, and found the pointed end of the ball presenting toward the patient's back. I turned the boy on his left side and ordered the entire hepatic region to be covered with several layers of woollen cloths, frequently wrung out of hot water that was as hot as the patient could possibly bear it. A brisk purgative was also ordered, and morphia to control the excessive pain in doses sufficiently large.

For ten days the temperature ranged from 100° to 102°, while the pulse did not go above 100. On my first visit I probed the wound for a distance of two or three inches, to satisfy myself as to the course the ball had taken. During the first week the surface of the skin surrounding the entrance-wound was stained a marked yellow, with but slight suppuration at either wound. The urine voided for four hours contained blood, but never after that time. The stools were lacking in color for several days.

This patient made a good recovery, and at the end of six weeks was able to go on a journey to Texas, since which time of departure I have heard nothing from him.<sup>(1)</sup>

This case was treated on the expectant plan, with good results. In these cases of gun-shot or stab wound of the liver, followed by severe hemorrhage, the application of perchloride of iron, followed by packing the wound with iodoform gauze, in order to have the benefit of pressure, is a procedure offering excellent results.

<sup>1</sup> Since this report I have heard from the boy, now residing in Texas. His health has been good since the recovery from the wound.

## COMPOUND ELIXIR OF CHLOROFORM.

The following formula (*The Prescription*, No. 1, 1892) is spoken highly of in cholera morbus and kindred complaints:

℞ Ol. cinnamon, . . .	gtts. x
Chloroform,	} aa fl. 3vj.
Tinct. opii,	
Tinct. camphoræ,	
Spirit. ammon. aromat.	
Spirit. frument., . . .	fl. 3jss.

One-half to one teaspoonful at a dose.

## ACUTE BRONCHITIS.

The following (*The Prescription*, No. 1, 1892) is praised:

℞ Vin. ipecacuanhæ, . . .	fl. 3ij.
Liq. potass. citrat., . . .	3iv.
Tinct. opii camphorat., }	aa fl. 3j.
Syrup acaciæ	

One teaspoonful three times a day in an ordinary case of bronchitis.

## Society Reports.

### INDIANAPOLIS SURGICAL SOCIETY.

*Meeting of October 4, 1891.*

The Vice-President, GUIDO BELL, M.D.,  
in the Chair.

[O. G. PFAFF, M.D., Secretary.]

DR. L. C. CLINE read a paper on  
*Surgery for the Relief of Nasal and  
Naso-Pharyngeal Reflexes*  
(see p. 97).

#### DISCUSSION.

DR. G. V. WOOLEN (by invitation):

Nearly all cases of asthma are permanently curable by appropriate treatment of the cause, which is local and originates almost, or quite, invariably in the posterior nares and naso-pharynx. I have had four cases of epilepsy dependent on nasal difficulty, which were entirely cured by local treatment. One very bad case of asthma was found to be due to pressure, on adjacent mucous membrane, of the inferior turbinated bone, the tip of which was curved upon itself; removal of the bone resulted in complete cure.

DR. PAGE:

It seems that most cases of asthma are cured or relieved by local treatment, but there are cases where no local lesion can be found. The contact of pollen with the bronchial mucous membrane has also produced asthma.

DR. MORGAN:

Referred to a case of persistent recurrent headache, which was cured by cauterizing the inferior turbinate.

DR. KEMBERLIN:

Many reflex nasal troubles are not obstructive in character, but due to irritation. I have had under observation a case wherein the application of cotton to the nasal passages was proven to be the cause of severe headache; in another case violent epilepsy was cured by overcoming a complete stenosis of the nasal cavity. I do not believe that asthma is always due to nasal irritation.

DR. STILLSON:

I have observed in some cases attacks

of asthma which always preceded a thunder storm, and it seems that the condition of the atmosphere has much to do with their production. I think we should pay more attention to the barometer than we usually do. Excitation of the vaso-pharyngeal nerve accelerates function in all organs which it supplies; therefore many eye symptoms may be relieved by appropriate treatment of some local irritation in the nasal cavity.

DR. CLINE, in closing, said:

Every one interested in this field will be quickly convinced that it is a vast one. We may have asthma and "hay fever" associated with irritation in the stomach, kidney, or some other distant organ; a cicatrix from a wound of the toe, produced by a nail, was the exciting cause of asthma in one patient on different occasions. When the cases are carefully studied the centre of irritation can generally be located, and frequently local treatment will result in cure.

### ELECTRICITY IN THE TREATMENT OF UTERINE FIBROIDS.

Chevrier (*Nouvelles Arch. d'Obstét. et de Gynéc.* October and November, 1891), after careful clinical research, has arrived at the following conclusions: The results following electricity in the treatment of uterine fibromyomata are inconstant and unsatisfactory; most of the patients, sooner or later, are obliged to undergo surgical operations for which they are not so well prepared as before the electric treatment. As a solvent of exudations, galvanism is absolutely ineffective. As an analgesic, it is very untrustworthy. As a hæmostatic, it gives fair results. Removal of the appendages does not give worse statistics than galvanism, and its results are better as to the rapidity of relief and duration of effects. In pedunculated tumors the continuous current is quite useless. Castration gives satisfactory results, but in these cases removal of the tumor is indicated, especially when pain and symptoms of pelvic pressure are well marked.

## Translations.

### THE BENEFICENT MICROBES.

TRANSLATED FROM THE FRENCH OF  
EMILIE GAUTIER,

[By T.C.M.]

The microbe, behold our enemy! Such is the medical war-cry at the end of the nineteenth century. The germ theory paints the face of nature in too dark colors, and those who have an abiding faith in it will become pessimists and consider existence unbearable. Let us grant that microbes are responsible for the majority of the ills that afflict and decimate the ranks of humanity. Let us recognize the infamous conduct of these little monsters who, each day, kill us with slight compunction, as a bishop bestowing a blessing. Let us admit, too, for the sake of argument, that these accursed parasites are omnipresent. Meantime, we will exaggerate nothing! The microbes are beautifully ubiquitous, abundant and ferocious. Yet, we can rest perfectly assured that there is but little danger in our cohabitation with the infernal things, when we come to consider that, despite their enraged assaults on our bodies, which they inhabit, a habit to which they have been addicted since the world began, the *genus humanum* still lives and moves and has its being, in fact, increases and multiplies, rather thrives, under the persecutions of its annoyers.

The truth is that in all worlds, up to and including our own world, that there have been wolves, as well as pirates and other varieties of assassins, but there has always been brave and honest men, too. Among microbes it is as among men: some are good and others are bad; some are our enemies while others are our very dear friends, our allies. By the side of the wicked microbe, viewed under the microscope, that classical and scientific legendary imp, we see the innocent microbe as well as the useful, hard-working fellow. Let us not forget that while there are artisans of contagions, epidemics and pestilence there are also the microbes of

fermentation, so absolutely required by the body for the proper performance of its functions. There are good little workman who manufacture vinegar, beer, alcohol, sugar, cream, butter, cheese, etc. There are those that give the sparkling wine its rich boquet and cause the hemp to rett, and those that raise our bread. There are those who, in causing the decomposition of mortal remains, return to nature what was once the true and beautiful, for the formation of future vital combinations; these are the ferments, the microbes of the soil, that render vegetation possible, elaborating nitrates and ammonia, and preparing plant life for the reception of its oxygen. The vine, the wheat, the corn, the potato, rice and hops are positively the work of these microscopic agriculturalists and impalpable microbic chemists. Without these man would die of starvation, and would waste away for want of combustion in his economy. It is a question whether we would ever have been borne except for microbes.

Without doubt, disease is almost always a fermentation, while death itself is likewise a fermentation, but in revenge, life itself is a fermentation, or rather a multiplicity of fermentative acts. If we die from microbes we also live on them; they sustain vital action. Our cellular, that is to say the corporeal, substance of our tissues, and of our organs, are naught else than microzymas, *sui generis*, on which account each one of us, on analysis, will be found to be only a federation of bacteria, more or less at peace or war. It is to these ferments, these microbic tribes from the mouth, stomach and intestine, that our bodies have the honor of enjoying good and regular digestion. The experiments of Richet, Duclaux, Bourquelot, Dastre, Reynard, Chaumemasse, Fremont and *tutti quanti* leave no doubt on this point. The saliva, gastric juice and intestinal liquids owe to their presence their action and reactions and all their particular qualities. The proof is when these little workers are eliminated the work of digestion ceases. It is their mysterious cooking that transforms starch into glucose, cellulose into sugar, albuminoid matters into peptones, and

which brings the alimentary mass into assimilable chyle. Perhaps, the microbes also assist in a large measure in the operation of the liver, that wonderful visceral refinery.

There is reason to think that the peptic and tonic action of certain mineral waters, that chemical analysis fails to explain, may be really the work of some good little microbe. This idea is ably sustained with eloquence by Dr. Sclemmer in a thesis read before the International Congress of Hydrology, and all present agreed that the doctor was right.

Mineral waters are no more exempt from parasites than any other waters. We have the cyanophyceae and the baggiatoas which fix the sulphur of the Pyrenean Springs. In Vichy water we find micrococci endowed with the power of fluidifying milk and peptonizing albumen in the same fashion as the gastric juice. It appears, too, that these parasites vary with the source of mineral water supply; thus we have the micrococcus of the Grand Grille which is not like the micrococcus of Saint Yorre or that of Celestius, whose medicinal effects also differ.

When we know the considerable rôle these microbes play in the transformation of our food; when we know, on the other hand, that these mineral waters, when transported from their source, lose the best part of their properties, is it not natural to conclude that these micro-organisms are not strangers to the therapeutic action of Vichy in affections of the stomach, liver and intestines?

Here an important question arises. When certain microbes, that are isolated, and which we know how to cultivate by hand, appear to be the agents required to perform digestion, why do we not make cultures and prescribe these precious microbes, so that they may be taken into the stomach, as at mineral springs, so as to furnish dyspeptics with a supply of germs that are missing? These microbes are easily preserved. They survive, according to some medical scientists, all vicissitudes and kinds of killing tests. They are as durable as the strange eels described by

George Pouchet, which die and come to life again. In a forgotten tube, left on the shelf of his laboratory, Dr. Levoy found a culture of the streptococcus of erysipelas, which, at the end of thirteen months, had not ceased to vegetate. Prof. Cornil also proved, in his laboratory, that the bacilli of leprosy were alive after ten years of isolation. If the anthropophagic microbes are so hard to kill, is it the same with the philanthropic microbe? These things have induced Mr. Fedit, a pharmacist of Vichy, to suggest that mineral water microbes be condensed and dried, in all their various forms with lithia, lime, sodium, etc., in combination, and afterwards divided in suitable doses. Thus the waters can do their work quicker, through the retained germs, that really animate them. People in Africa or America can thus enjoy pure Vichy by merely diluting microbic tablets with water. Thus genuine mineral aqueous fluid, smarming with microbes, will enter our human stomachs, giving joy to the intestines as they skip playfully over the roseate surface of the mucous membrane.

Who knows but that to-morrow some new medical discoverer may put in the form of tablets the ferments of virility? Who knows but these may contain the anonymous microbes of Brown-Séquard's magic phictor, and that its delayed triumph may yet be celebrated? Who knows but that we may be descended from some innocent and unknown vibron rather than from Darwinian monkeys of the ring-tailed, cocoa-nut-loving order? Perhaps, in a thousand years from now they will laugh at the theories of the present, yet we are frank enough to confess that Galen and Hippocrates will be known to future ages, when the Sequards, Pasteurs and Kochs of the present are forgotten.

#### OTALGIA.

Dr. A. Dixon (*The Prescription*, No. i, 1892) employs the following:

℞ Cocain. muriat. (4 per cent.

sol.),

℥. ʒj.

Drop three or four drops into the patient's ear. Repeat in fifteen minutes if not better.

## THERAPEUTIC NOTES

FROM FRENCH, GERMAN AND ITALIAN JOURNALS.

TRANSLATED BY  
F. H. FRITCHARD, M.D.,  
NORWALK, O.TREATMENT OF PHOSPHORUS  
POISONING.

Dr. Bokai (*Le Bulletin médical*, No. 100, 1891) communicated a new method of treating phosphorus poisoning. The use of turpentine and the salts of copper give a mortality of 50 to 60 per cent. The writer has found a solution of potassium permanganate, two to five grammes (thirty grains to one and a half drachms) in one thousand parts of water, to form a chemical antidote. The oxygen of this compound is liberated and unites with the phosphorus to form ortho-phosphoric acid, which is inoffensive. The same reaction takes place in the stomach, and, what is more, the oxide of manganese is transformed into a chloride, and the quantity of oxygen liberated is abundantly sufficient to oxydize the phosphorus present. Experiments on dogs have demonstrated the efficacy of this treatment; those treated thus, after poisoning with large doses, recovered, while the animals used to control the experiment all perished.

NITRATE OF SILVER IN HUMID  
ECZEMA.

Dr. Leven (*La Semaine médicale*, No. 59, 1891) has found the best treatment of humid eczema in children, as well as in adults, to be the employment of a 1 per cent. solution of the nitrate of silver. Compresses are soaked with this solution and placed on the part several times a day, leaving each one a half hour, at least, in place. In the intervals a subnitrate of bismuth salve is applied, to be carefully removed before each application of the compresses. Under this treatment the oozing decreases and a cure results in a few days, even in cases which have resisted the ordinary treatment with the

various salves and powders. A 1 per cent. solution will not provoke any irritation of the skin.

PROPHYLAXIS AND TREATMENT  
OF MERCURIAL STOMA-  
TITIS.

Dr. Feibes (*La Semaine médicale*, No. 57, 1891) regards dentifrice powders and gargles as the best means of preventing mercurial stomatitis during a "course" of mercury. He uses the following powder as a dentifrice:

R Cretæ preparat.,	gms. 32
(fl. 3j).	
Potass. chlorat.,	aa gms. 16
Corticis cinchonæ rubræ,	(fl. 3iv).
Ratanhiæ,	gms. 10
(fl. 3ijss).	
Sapon. medical.,	gms. 23
(fl. 3vj).	
Essent. menth. piperit.,	gms. 3
(℥ xlv).	

As a gargle he employs:

Alumin. acetat.,	gms. 10
(fl. 3ijss).	
Aq. destillat.,	aa . gms. 200
Aq. flor. aurantior,	(fl. 3vjss).

If the gums become sensitive they may be sponged three times a day with:

Tinct. myrrhæ,	aa . gms. 5
Tinct. nuc. gall.,	(fl. 3j¼).
Tinct. ratanhiaæ,	

## ACUTE TONSILLITIS.

Dr. M. A. Martin (*Lo Sperimentale*, No. 21, 1891) speaks highly of the following:

Acid carbolic,	aa gm. 1 (℥xv).
Camphoræ,	
Glycerin,	aa gms. 50 (fl. 3jss).
Aq. destillat.,	

Three or four applications a day.

DOSAGE AND INDICATIONS OF THE  
MORE IMPORTANT ANTIPY-  
RETICS IN PÆDIATRICS.

Dr. Demme (*Wiener med. Presse*, No. 9, 1891; *Ugeskrift for Læger*, Nos. 28 and 29, 1891) gives an interesting and useful résumé of this subject.

If the temperature rises to 39.5° C., at times no antipyretic treatment is necessary. If the temperature remains

for some time at 40° C., then such treatment is indicated, yet in diphtheritis, acute exanthemata and simple croupous pneumonia he does not institute such treatment. In typhoid fever, articular rheumatism, broncho-pneumonia and tuberculosis he would employ antipyresis. In rheumatic poly-arthritis, he prescribes sodium salicylate, if the digestive organs are in a good state, while where there is a sensitiveness of the taste and an inclination to vomiting and diarrhoea he gives salol.

1. *Sodium Salicylate*.—He administers as follows:

Children of 2-4 yrs.,	5 dgms.-1 gm.
(4½-15 grs.).	
Children of 5-10 yrs.,	1 gm.-2 gms.
(15-30 grs.).	
Children of 11-15 yrs.,	2½-3 gms.
(37½-45 grs.).	

2. *Salol*.—

Children of 2-4 yrs.,	25-35 cgms.
(½-½ gr.).	
Children of 5-10 yrs.,	50-75 cgms.
(¾-1 gr.).	
Children of 11-15 yrs.,	75 cgms.-1 gm.
(1-15 grs.).	

One powder three or four times a day.

3. *Thalline Sulphate*.—This drug is useful in typhoid fever, and is given as follows:

Children of 3-4 yrs.,	1 cgm.
(1-5th gr.).	
Children of 5-10 yrs.,	2 cgms.
(½ gr.).	
Children of 11-15 yrs.,	3-5 cgms.
(¾-1 gr.).	

4. *Antipyrin*.—This he finds of service in relapsing and protracted broncho-pneumonia, and during the first period he gives two or three doses after another with intervals of one hour. It may be administered dissolved in water with a little sugar and brandy. The dosage is:

In children of 2-4 yrs.,	2-4 dgms.
(3-5 grs.).	
In children of 5-10 yrs.,	5-7½ dgms.
(6-10 grs.).	
In children of 11-15 yrs.,	8 dgms.-1 gm.
(12-15 grs.).	

If there be in the further course of broncho-pneumonia the characteristic fever curve, with very high evening exacerbations and morning remissions, then antipyrin and the other new anti-

pyretics are of but little service, while quinine is the remedy.

5. *Quinine*.—

Children of 2-4 yrs.,	2 dgms.
(3 grs.).	
Children of 5-10 yrs.,	5 dgms.
(7½ grs.).	
Children of 11-15 yrs.,	7½ dgms.-1 gm.
(10-15 grs.).	

6. *Antifebrin*.—This is an excellent remedy in the fever of pulmonary tuberculosis, where it is more efficacious than any other antipyretic, it holding down the temperature for two or three days. He gives it one to three times a day, as follows:

Children of 2-4 yrs.,	5-7½ cgms.
(1-1½ grs.).	
Children of 5-10 yrs.,	1-2 dgms.
(1½-3 grs.).	
Children of 12-15 yrs.,	2-3 dgms.
(3-4½ grs.).	

Antifebrin less frequently than antipyrin causes the outbreak of exanthemata, yet the writer has twice seen exanthemata follow the use of antifebrin; they resemble those of antipyrin.

7. *Phenacetin*.—This drug has also a favorable antipyretic, yet no specific, action upon the liver. A few large doses act better than several small ones, with less long intervals. He gave it as follows:

Children of 2-4 yrs.,	1-2 dgms.
(1½-3 grs.).	
Children of 5-10 yrs.,	2-5 dgms.
(3-7½ grs.).	
Children of 12-15 yrs.,	5 dgms.
(7½ grs.).	

Its disagreeable side-actions are: sweat, a morbiliform eruption, and cyanosis of the cheeks and mucous membranes, as from antipyrin.

#### EUROPHEN IN THE TREATMENT OF SOFT CHANCRES.

Dr. Nolda (*Le Bulletin médical*, No. 99, 1891) has obtained excellent results with this drug in suppurations of the middle ear, crural ulcers and hard chancres. But it is especially in soft chancres that he praises this remedy. He proceeds as follows:

Mornings and evenings the chancre is washed with a 1:200 solution of



corrosive sublimate; the ulcer is then carefully dried with absorbent cotton and euophen dusted on. In four cases the lesion healed in seven to nine days; in two cases, where the patients could not keep quiet, twelve to fourteen days were required.

In general, euophen is a better cicatrizant than iodoform. Its advantages are: Its odorlessness, its innocuousness, and, finally, it is five times less heavy than iodoform.

#### ULCERATED CHILBLAINS.

Dr. Brogg (*Internat. klin. Rundschau*, No. 46, 1891) prescribes in ulcerated chilblains the following salve:

℞ Acid carbolic, . . gm. 1 (℥xv).  
 Unguent. plumb., } aa gms. 20 (℥v).  
 Lanolin, }  
 Ol. amygdalar. dulc., gms. 10 (℥ijss).  
 Ol. lavender, . . gtt. xx.  
 Apply two or three times a day.

#### WHOOPIING-COUGH.

Dr. Schmid (*Lo Sperimentale*, No. 21, 1891) uses the following in a spray with success in cases of pertussis:

℞ Acid carbolic, . . gms. 0.03  
 (℥v).  
 Sol. menthol. (4 per cent.), gms. 20  
 (℥. ℥v).  
 Sol. cocain. (3 per cent.), gms. 15  
 (℥. ℥iv).  
 Aq. lauroceras, . . gms. 60  
 (℥. ℥ij).

Spray the child's throat once an hour, or even oftener.

#### NEURALGIÆ OF THE TRIGEMINUS.

Dr. Leslie (*Lo Sperimentale*, No. 21, 1891) recommends snuffing a pinch of common salt into the nostril of the side affected, or throwing in a solution by means of a spray.

#### POTASSIUM BICHROMATE IN DIPHTHERITIS.

Dr. E. Güntz (*Allg. med. Central-zeitg.*, No. 20, 1891; *Ugeskrift for Læger*, Nos. 28 and 29, 1891) has used the bichromate of potash in over two thousand cases of diphtheritis, with successful results. He does not advise

its administration in pills or powders, but in a solution, two centigrammes (one-third of a grain) a day. In an ordinary case it should be used for two or three weeks.

#### SWEATING FEET.

Dr. Rabow (*Therapeut. Monatshefte*, No. 10, 1891) dusts the following powder into the shoes and stockings of patients suffering from profuse sweating of the feet:

℞ Acid salicylic, }  
 Alum, } aa gms. 10 (℥ijss).  
 Pulver. oryzæ, }

#### TO EXTRACT A NEEDLE FROM THE FOOT.

Put on a corn plaster (*Le Bulletin médical*, No. 95, 1891) with the hole over the point of entrance of the needle, let the patient go about his business, and in a few days it will so protrude as to be easily extracted.

#### LOCAL SOCIETY NOTICES.

##### ACADEMY OF MEDICINE.

Monday evening, January 25, DR. EDWIN RICKETTS will read a paper entitled "Some Points in Reference to the Time to Operate and Position of the Operation in Repair of the Perineum."

DR. L. J. KROUSE will read a paper on "Ano-Plastic Operation for the Cure of Cicatricial Stenosis of the Lower Bowel," with report of case.

##### CINCINNATI MEDICAL SOCIETY.—

Tuesday evening, January 26, DRs. RUFUS B. HALL and C. A. L. REED will report on "Ovariectomies;" DR. RUFUS B. HALL will also report a case of "Vaginal Hysterectomy for Cancer," with exhibition of specimen.

Adjourned discussion on "La Grippe."

DR. MAX THORNER will report a case of "Rare Complication of La Grippe."

DR. JOS. C. MARCUS will report two cases of "Hæmaturia as a Complication of La Grippe."

# THE CINCINNATI LANCET-CLINIC:

*3 Weekly Journal of*

**MEDICINE AND SURGERY**

**ISSUED EVERY SATURDAY.**


**EDITORS:**

A. B. RICHARDSON, M.D.

J. C. OLIVER, M.D.

L. S. COLTER, M.D.

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**HENRY C. CULBERTSON,**  
PUBLISHER,

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**Cincinnati, January 23, 1892.**

## **Editorial.**

### **A STATE COMMISSION IN LUNACY.**

We have received a copy of a bill creating a State Commission in Lunacy in Ohio, which was recently introduced in the House by Mr. Davis, of Cleveland.

It provides that there shall be appointed by the Governor a Commission in Lunacy to consist of three members, one a physician of not less than ten years' practice, five of which shall have been in the practical management of an asylum for insane, one a lawyer of good standing in his profession, and the third a business man of experience and good reputation. They are to receive a salary of \$3,500 per annum each, and their traveling expenses. They are provided with an office at Columbus and have charge of the interests of the insane, idiotic and epileptic in the State of Ohio, whether they be in State or county or private institu-

tions. They are required to keep a record of all patients committed to any institution, to visit every institution at least four times each year and to see every patient admitted since the date of their last visit. All complaints are made to them of mismanagement, unjust confinement or neglect.

A provision which will probably excite some criticism, is that they shall examine all applicants for position in the State asylums for insane, both officers and employes, and that no appointment shall be made to any such institution except by such examination.

There is a more stringent regulation of the law as to certifying to the insanity of patients by physicians. Physicians must have at least three years' experience before exercising this function, and the commission is required to keep a record of every physician in the State who is given authority to sign such certificates. No physician is permitted to act as medical examiner in lunacy without a certificate from the Commission as thus indicated.

We are heartily in favor of the bill. Without any question it would be a great improvement over the present system. We are no enthusiast over civil service examinations, but wide latitude is given the Commission in this respect, and anything would be an improvement over the spoils system at present in vogue.

Under the supervision of practical men, such as we have confidence Governor McKinley would select, we would expect to see a marked improvement in the character of the scientific work of these institutions. We are sure that if the public and the medical profession only knew the methods at present in vogue in these institutions, and how completely every feature of the management is subservient to party interests,

they would join in demanding a reform. Thus in one institution, of which we have personal knowledge, the current expense account for the month preceding the election last fall, amounted to less than \$7,000, while for the first month following the election it was \$17,000! Party fealty alone ensures security in office, and no official negligence or misconduct will secure removal as long as this is unquestioned. Let it be questioned, and no faithfulness to duty or efficiency in the discharge of it will ensure retention.

The bill under discussion is carefully framed and is broad in its provisions, so that no legitimate interest need fear it. We have been hoping for something which would infuse a more scientific spirit into our state benevolences and curb the power of partisan control, and we are sure that this provision, faithfully executed, would do so.

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#### PROHIBITIVE LAWS.

Two of the blights upon modern civilization are prostitution and intemperance. To the medical mind these subjects may be considered as of paramount importance, and the medical profession is constantly striving to obtain means by which we may be rid of these twin evils.

The past history of these evils is an exceedingly interesting and instructive lesson and should always be taken into account before an attempt is made to attack them.

It is highly probable, in fact it is known, that the history of these vices is co-extensive with that of mankind. In the earliest times it is probable that the family relation was not such as we now enjoy, and therefore promiscuous sexual intercourse was more or less the natural condition of affairs. We are told that

Noah committed incest with his own daughter under the belief that all mankind had been destroyed by the flood. No doubt, therefore, exists that even in the very earliest times unlawful coitus was prevalent, but we have no history to show that prostitution of the body, for the purpose of gain, was at all customary.

In regard to drunkenness, it is a remarkable and noteworthy fact that every nation under the sun possesses some stimulant which is capable of producing drunkenness, and that excessive indulgence is as wide-spread as is man.

Hence, when we attack these two vices we wage war against indulgences which are universal in extent. It is this fact that makes us appreciate the magnitude of any movement for their abolition, and therefore it is that we ask—is it possible ever to exterminate these vices of mankind? Before attempting the extermination a clear and definite idea of the method of procedure must be had.

We believe that the great mistake of the past has been that of regarding those who are the passive agents as the criminals; hence we have had almost unlimited legislation against the saloon and brothel-keepers. What has been gained? Absolutely nothing.

The drunkard and fornicator are the ones who should be held responsible for their own acts. Man is a free agent, and determines for himself what he will do and from what he will abstain. The Creator gave man the privilege to choose between wrong and right. He did not so constitute man that he was only capable of doing right. Schiller says: "To choose one's own destiny is the noblest prerogative of human nature." He also says: "The first condition of the moral beauty of actions is freedom of the will; and this freedom is

gone as soon as it is attempted to enforce moral virtue by legal punishment." Hence paternal governments are productive of weak-willed and weak-kneed subjects. The will requires exercise for its development fully as much as does the body.

Without giving specific examples, we can say with perfect truth that all attempts to legislate against these evils have been futile so far that bad results must necessarily follow all vain attempts to enforce a law. The respect for law, the very sheet-anchor of a republic, is diminished just in proportion to the number of dead-letter laws there are upon the statute-book. Thus it is that inoperative laws produce evil.

The medical profession is well aware of the attempts that have been made to regulate prostitution and drunkenness, they also know that such attempts have always been failures and that the most they can possibly do is to substitute secret vice for open indulgence; thus putting a premium upon hypocrisy and secret lawlessness.

We ask, then, is it wise to further persist in our efforts to make men moral by process of law? We believe that the only manner in which we can have any hope of success is through efforts to elevate the moral tone of mankind. The promising field is the young men and young women of to-day. Christianity will do far more than legislation. Moral tone and healthy wills must be the foundation stones upon which the grand structure of temperance and virtue will be constructed.

DURING the past week Dr. A. J. Howe, a prominent practitioner of the Eclectic persuasion, has died. He has been a strong character in that school, and was one of the main-stays in their college in this city.

# THE INTERNATIONAL EXECUTIVE COMMITTEE OF THE PAN-AMERICAN MEDICAL CONGRESS.

The Committee on Organization of the Pan-American Medical Congress, at its meeting at St. Louis last October, elected the following International Executive Committee:

*Argentine Republic*—Dr. Pedro Lagleyze, Buenos Ayres.

*Bolivia*—Dr. Emelio Di Tomassi, La Paz.

*Brazil*—Dr. Carlos Costa, Rio de Janeiro.

*British North America*—Dr. Jas. F. W. Ross, Toronto.

*British West Indies*—Dr. James A. DeWolf, Port of Spain.

*Chili*—Dr. Moises Amaral, Santiago.

*United States of Colombia*—Dr. P. M. Ibanez, Bogota.

*Costa Rica*—Dr. Daniel Nunez, San José.

*Ecuador*—Dr. Ricardo Cucalon, Guayaquil.

*Guatemala*—Dr. José Monteris, Guatemala Nueva.

*Haiti*—Dr. D. Lamothe, Port au Prince.

*Spanish Honduras*—Dr. George Bernhardt, Tegualpoo.

*Mexico*—Dr. Tomas Noriega, City of Mexico.

*Nicaragua*—Dr. J. I. Urtecho, Grenada.

*Peru*—Dr. J. Casamira Ulboa, Lima.

*Salvador*—Dr. David J. Guzman, San Salvador.

*Spanish West Indies*—Dr. Juan Santos Fernandez, Habana.

*United States*—Dr. A. Vander Veer, Albany, N. Y.

*Uruguay*—Dr. Jacinto De Leon, Montevideo.

*Venezuela*—Dr. Elias Rodenguez, Caracas.

Hiwaii, Paraguay, Santo Domingo, and the Danish, Dutch and French West Indies are not yet organized. Nominations of local officers have been received from a majority of all the members of the International Executive

Committee, and a number of the lists have been confirmed by the Committee on Organization. These will be announced as rapidly as acceptances are received.

CHARLES A. L. REED,  
Secretary-General.

Cincinnati, January 15, 1882.

#### EDITORIAL NOTES.

WE are glad to see that the city officials are becoming somewhat stirred up over the question of the disposal of garbage. We trust the trip of the Health Officer will lead to a proper method being adopted. Millcreek has outlived its usefulness in this and other respects.

WE are called upon this week to chronicle the death of Dr. John H. Rendigs. The Doctor has been a prominent figure politically, having served several terms as County Coroner. He was still in the prime of life when he was overpowered by the pneumonia which has proved so fatal a complication of the influenza. We extend our sympathies to the family of the deceased.

WE are requested to state that a large number of letters have been received by Dr. Comegys from physicians all over the country approving the bill to establish "National Health Department and a Secretary of Public Health." The greater the number of approvals the greater influence they will exert on Congress. Fifty thousand approvals are possible and should be forthcoming. Send *your* approval to Dr. C. G. Comegys, 266 Elm Street, Cincinnati, Ohio.

#### PUBLISHER'S NOTICES.

SAMPLES of Sander & Sons' Eucalypti Extract (Eucalyptol), gratis, through Dr. Sander, Dillon, Iowa. Eucalyptol stands foremost as a disinfectant, is a perfect check to inflammatory action, and invaluable in syneptic diseases. Meyer Bros. Drug Co., St. Louis, Mo. Sole Agents.

## Selections.

### FROM CURRENT MEDICAL LITERATURE.

#### THE MEDICAL TREATMENT OF CYSTITIS.

In a paper read before the Philadelphia County Medical Society recently, Dr. James Tyson gives a plain and practical account of the best way to treat acute and chronic cystitis by medical means. In his article Dr. Tyson disposes very summarily of some therapeutical measures which are commonly thought to be useful, clearing the ground for what he believes is rational treatment. As to acute cystitis, he says:

"Acute cystitis is far less commonly met by the physician than the chronic form, while its treatment is far simpler, and, I may add, more satisfactory, at least so far as the removal of the acute symptoms is concerned. Rest in bed is a primary and essential condition. Leeches to the perineum should be applied more frequently than they are. A poultice to the same region and over the abdominal region is always useful, while a brisk saline cathartic should never be omitted.

"As the feverish state which accompanies cystitis is more or less constantly associated with a scanty urine, concentrated and irritating to the inflamed mucous membrane, it is desirable at once to increase the secretion, and thus dilute it. Copious libations of pure water, to which the citrate or acetate of potassium is added, in fifteen to twenty grain doses for an adult, should be allowed. The ordinary spirits of nitric ether in two drachm doses every two hours is an admirable adjuvant, and may be combined with the officinal liquor potassii citratis, which contains about twenty grains of citrate of potassium to the half-ounce. Formerly the mucilage of flax-seed, or flax-seed tea, was much used as a diluent menstruum for the diuretic alkalies indicated, but I am doubtful whether it is any more efficient than a like quantity of water.

"Where there is much pain and straining, as is often the case, especially when cantharides is the cause of the inflammation, opium is indispensable, always in the shape of a suppository, half a grain to a grain of the extract being thus administered, or a proportionate amount of morphine. Iced water injections into the rectum, or pieces of ice similarly applied, are very efficient in allaying the pain and irritation where additional measures are needed."

In chronic cystitis there are three indications to be met: First, to lessen the irritating qualities of the urine; second, to medicate the inflamed surface; third, to get rid of the pent-up inflammatory products. To meet the first indication one or two quarts of pure water should be drunk daily. It is, as Dr. Tyson says, a mistake theoretically to give alkaline waters or alkalies, yet practically, in our opinion, one sometimes finds good results from them. The best drug, as a rule, however, is benzoic acid, given in doses of thirty grains a day. To meet the second indication and medicate the surface of the bladder, one may use both drugs and injections. Dr. Tyson discards entirely all the commonly used preparations, such as buchu, pareira, brava, triticum repens, etc. He relies entirely upon the balsams, and in particular sandal-wood oil, of which about eighty minims a day should be given. Boracic acid, resorcin and naphthalin may also be tried. Internally injections of tepid water twice a day should be used, about four ounces being injected at a time. After a while salicylate of soda, in the proportion of a drachm to a pint, may be employed. If there is much pus alum is to be added, and if there is a foul odor very weak solutions (1 to 25,000) of bichloride of mercury.

"Anodynes," Dr. Tyson adds, "are indispensable in many cases of cystitis, to relieve the patient of extreme pain and the frequent desire to pass water, which are the results of the same cause. Opium and its alkaloids are the most efficient, and they are best introduced by the rectum. There appears to be no absorbing power—for opium, at least—

and there is no use attempting to use any anodyne by that channel."

Cocaine, from which so much might reasonably be expected, has failed of its purpose in Dr. Tyson's hands. He has injected as much as two ounces of a 2 per cent. solution into the bladder without effect, except to produce some of the symptoms of cocaine poisoning. Most disappointing, too, has been the use of cocaine to relieve the exquisite tenderness of the urethra which sometimes attends this condition, and is a serious drawback to the use of the catheter.

Where there is greatly enlarged prostate, catheterization is indispensable, and is attended often with the most happy results. It is often too long deferred because of the natural repugnance to the use of the instrument.—*Medical Record*, January 2, 1892.

#### FATAL RUPTURE OF AN OVARIAN CYST IN AN INFANT.

In the *British Medical Journal*, of December 12, 1891, Geo. B. Beale, M.D., reports the following case:

On October 23 he was called to see an infant, six weeks old, whose sister, four years old, had died from typhoid fever about a month previously, the fatal termination being caused by perforation and peritonitis. The infant's temperature was 101°, the abdomen swollen and hard; the mother felt convinced it had typhoid fever, but the symptoms did not seem to indicate that. The temperature gradually rose to 103°, and obstinate vomiting set in, the abdomen getting more and more distended and harder.

Dr. Beale came to the conclusion that the child had peritonitis, but was much puzzled as to the cause. It died on October 27. A post-mortem was made on October 28. The body was well nourished; there was slight umbilical hernia, the intestines were greatly distended and almost empty (vomiting having been constant for forty-eight hours). There was no morbid change in Peyer's patches, but a good deal of purulent fluid in the peritoneal cavity; deposit of caseous lymph over the right

side of the liver, but none on the bowels. On passing a finger down into the pelvis pus welled up, and on removing the uterus and appendages cysts were found in both ovaries the size of a filbert; that in the left was ruptured in removing, the walls being very thin; on the right side the cyst wall was tough and translucent, and attached to it were the remains of a ruptured cyst with a small quantity of blood and caseous debris. The spleen was normal; the heart healthy and filled with decolorized clot; the lungs showed hypostatic congestion. The peritonitis appears to have been the result of the ruptured cyst, which seems remarkable in a child six weeks old.

#### EXALGIN (METHYLACETANILID) IN INFANTILE THERAPEUTICS.

Moncorvo (*Bulletin Général de Thérapeutique*, May 30, 1891) has for the last several years studied the different derivatives of the aromatic series as soon as they have appeared. It is to his researches that we are indebted for the ascertaining of the hæmostatic value of antipyrin and thallin. From a previous critical study of the analgesics, antipyrin, thallin, acetanilid, phenacetin and pyrocin, the author considered that we had the most suitable analgesic for children in antipyrin; but, on account of the remarkable activity of small doses of exalgin, the palm must now be given, all things being equal, to the drug under consideration. From experiments on guinea-pigs it was shown that exalgin possesses no hæmostatic properties whatever. This drug was given to twenty-one children, varying in age from one and a half years to twelve years, and in all cases it was employed to relieve pain. Moncorvo states that the results surpassed his expectation. In no instance was there a failure, and the drug was always well borne, and there were no untoward effects, not even buzzing of the ears, as has been observed in certain cases where this drug has been administered to adults. The cases in which exalgin was used were neuralgia, migraine,

otalgia, odontalgia, gastralgia, hepatalgia, dry pleurisy, arthralgia, otitis, torticollis, Pott's disease, lymphangitis, and præcordial pain. Exalgin was administered either in substance or in solution in wine or alcohol, or in cachettes. As a nervine in one case of chorea, favorable results were obtained. Moncorvo ends his paper with the following conclusion:

The extreme activity of methylacetanilid, or exalgin, as an analgesic has been demonstrated without exception in twenty one children, varying in age from one to twelve years, and suffering from various painful affections. In all these children the medicine has always been well tolerated, and no accidents have been observed. Exalgin was first given in doses of 5 cgrm. (gr.  $\frac{1}{4}$ ) in a day, and then increased progressively to 30 cgrm. (gr.  $\frac{1}{2}$ ). Possessing an acceptable taste, exalgin was able to be administered to certain of the patients in substance, being applied directly to the base of the tongue, or in cachettes. In certain others it was given dissolved in water to which wine or alcohol had been added. The facts stated in this work justify the evidence of the introduction of this nerve agent into infantile therapeutics as an analgesic. This first trial of the employment of exalgin in the treatment of chorea was favorable, and shows that this drug should also be considered as a nervine.—*Archives of Gynecology and Pædiatrics*.

#### AN IMPROVED METHOD OF GRAFTING ULCERS.

Dr. Gill, in a letter to the *Lancet*, says that having had an exceptionally large number of chronic ulcers of the leg, which incapacitated the patients from work, and finally brought them into the infirmary, he tried the ordinary methods of grafting, but being disgusted with the very large number of total failures he experienced, he undertook various experiments, and at last adopted the following plan, which he distinctly disclaims as his own, but which consists in adopting and combining the ideas of several people. The

success he obtained with this method was so marked that he thinks a large number of practitioners at home and abroad (in India especially, where he found all ulcers very intractable under ordinary treatment) will welcome it. Even when the ulcer is deep, with hard thickened edges and extending all around the limb, the method applies. This is to cleanse the surface well for two or three days with boracic fomentations, and then (contrary to what he was taught) slightly abrade the granulations, just sufficient to cause oozing, and apply the graft directly to the abraded surface, where it is held in position by a small pile made of half-inch squares of green protective, four or five squares being placed one on the top of the other. A graft is thus applied to every square inch of surface.

And now comes the most important thing of all, and which is an idea he received from a friend. This is to encircle the limb with a fold of carbolic gauze, which extends two or three inches above and below the ulcer, where it is attached to the sound skin by collodion. The ulcer is then thoroughly dredged with boracic powder through the gauze, and the whole is wrapped in a layer of wet boracic lint, which is kept thoroughly moist. As a rule, the dressing is not disturbed for three days, when the lint is removed, and the limb, well irrigated with boracic lotion, the grafts remaining perfectly secure under their heaps of protective, which again is kept in position by the gauze. The limb is then redusted with boracic powder, and done up in the wet lint, which is now changed daily. At the end of ten days the gauze and protective are removed, and each graft will be found as large as a sixpence, while those near the edges will have exercised a spermatic influence, and caused a rapid ingrowing of epithelium.

Since adopting the above plan Dr. Gill says that he has never lost a single graft, though employed on most unfavorable surfaces—a very different result to the old way of covering the grafts with a large piece of protective which retained some exudations under it, and

thus bathed the tender graft in a poisonous medium, with a result that 80 per cent. of them never "took."

#### MODERN RENAL SURGERY.

Dr. A. Obalinski (*Volkman's Sammlung Klinische Vorträge*) sums up his views regarding the treatment of severe inflammatory affections of the kidneys and their sequelæ in the following way:

1. Suppurative inflammation of the kidney and surrounding structures indicates the operation of nephrectomy in order that free exit may be given to the purulent and other inflammatory excretions, and that the focus of the disease may be thoroughly cleansed, and further extension of the suppuration to important parts, as, for example, the thoracic and abdominal cavities and the hip-joint, be thus prevented. In most cases the single lumbar incision, as was performed by Simon, will suffice, but when there has been extensive undermining of the peritoneum the formation of a large flap, as practiced by Bardenheuer, is to be preferred, as such operation permits of ready access to all extensions of the main pus-containing cavity.

2. Ureteral fistulæ should always be treated by removal of the corresponding kidney, provided the surgeon can assure himself of the existence of a sound renal organ on the other side. Nephrectomy in such cases is indicated, not only on subjective grounds and when, for instance, the external flow of urine can not be restrained by any apparatus and the patient is thus prevented from following his occupation and from enjoyable existence, but also on objective grounds, since, notwithstanding the utmost precautions, an old ureteral fistula may result in suppurative inflammation of the corresponding kidney and of the adjacent soft parts.

3. Nephrectomy performed under these last mentioned conditions offers much less favorable prospects than in cases in which there is an absence of suppuration or of cicatricial adhesions.

4. There can be no doubt that, under equally favorable conditions, the



transperitoneal method can be performed more rapidly and with greater ease than the extraperitoneal method of nephrectomy, and that the progress toward recovery is more speedy after the former method. The transperitoneal method, however, is not applicable to every case, and should be reserved for those instances in which the mischief is confined within the capsule of the kidney; the extraperitoneal method being indicated when the suppurative process has involved the peri-renal structures.—*Med. and Surg. Reporter.*

#### THE DIAGNOSTIC VALUE OF THE PLASMODIUM OF MALARIA.

Hertel and von Noorden (*Berliner klin. Wochenschrift*) report two cases which demonstrate the diagnostic value of the *plasmodium malarie*. One case was that of a woman who had drunk beer to excess and who suffered from violent pains in the stomach and vomiting. She had periodic returns of pain, attended by chills, followed by fever and sweating. The spleen was enlarged. The blood contained no plasmodium. Quinine was without effect. The continued absence of the plasmodium showed that the disease was not malarial; yet, otherwise, it appeared to be of that character. The nature of the case was eventually found to be one of developing pulmonary tuberculosis.

In the second case, a man, twenty-eight years of age, was admitted June 28, 1890. Up to the time of his sickness he was at work digging a trench, throwing up earth and laying water pipes. Eight days before admission he suffered with pain in the neighborhood of the navel and sacrum, and was in a condition of stupor. On the 25th of June he had a chill, which recurred daily up to the time of admission. The chill, which usually came on in the morning, was accompanied by headache, stupor and disturbances, which disappeared gradually in the course of the afternoon, after a profuse sweat. The spleen was scarcely enlarged in breadth. Up to this time the examination showed a febrile affection, the cause of which was obscure. On the

30th of July there was a violent chill. Plasmodia were found in the blood, which made the nature of the disease at once clear. Quinine was given, and the patient was discharged, cured, July 14.

The authors maintain that the best results are attained in searching for the plasmodia by examining fresh, unstained preparations with an immersion lens at the bedside of the patient. If the blood cannot be examined in this way, cover-glass specimens can be made and stained with concentrated methyl-blue or malachite-green. Prepared in this manner, the plasmodia are stained pale-blue or greenish, and stand out sharply. They cannot be confounded with anything else, whether they are inclosed in a blood corpuscle or free in the plasma.—*Occidental Med. Times.*

#### CACTUS GRANDIFLORUS IN FUNCTIONAL AFFECTIONS OF THE HEART.

Horne, in the *Lancet*, says that for the last twelve months he has been using the fluid extract of cactus grandiflorus with great satisfaction. He usually gives it in doses of from ten to twenty minims. Like many other useful remedies, the virtues of night-blooming cereus seems to have been long known to the Homœopaths and Eclectics, but it has not been used in this country by regular practitioners. His observations have led him to consider that it does not in any way supersede digitalis, or its more powerful ally, strophanthus, in the treatment of organic valvular disease, but rather that its use will be found in those nervous or functional disorders where the exhibition of those drugs is not so satisfactory, as palpitation, irregularity, fluttering intermission, slow or rapid action arising from debility, worry, dyspepsia, or the excessive use of tea or tobacco, comprehensively classed as cardiac erethism; also, where pain, distress and weight are referred to the præcordium; in a case of angina or pseudo angina pectoris it afforded great relief. Its action would appear to be on the cardiac center of the medulla, and thus through the vagus and sympa-

thetic to the heart, exerting its influence as a cardiac stimulant—tonic to the terminations of the vagus in the heart, and its sedative action lowering arterial tension without the dangerous, depressing and paralyzing effects of opium or chloral, or even belladonna. That it invigorates the cardiac plexus, and improves the nutrition of the heart, is shown by the increased tone of the pulse.—*Times and Register*.

#### CHRONIC PHARYNGITIS.

Dr. Sajous says: The best treatment of the exacerbations of chronic pharyngitis, whether simple or glandular, is frequent painting with a 5 per cent. solution of silver nitrate; or, perhaps, light application of the galvano-cautery, care being taken not to touch more than three or four of the inflamed and painful follicles at a sitting; the counter-irritation thus induced often clears the voice in a remarkable manner, and so that one can speak comfortably on the evening of the same day. To act on the larynx itself a spray of resorcin (one or two per cent. solution) often proves satisfactory. When the hoarseness, however, still proves resistant and stubborn, resort must be had to intra-laryngeal applications, such as the perchloride of iron (two per cent. solution).

It is sometimes a simple and easy matter to abort recent cases, if taken at their very outset, by laryngeal insufflations, every two or three hours, of the morphine-bismuth-talc powder, but it must not be forgotten, in the case of public singers, that morphine induces torpor of the vocal cords, and for this reason, a considerable interval should be allowed to elapse between the insufflation and the hour when special vocal exertion is to be made.

In hoarseness arising from muscular weakness or from paresis (most frequent in women), the voice may be normal in speaking, and altered only when singing, especially in attempts to strike the high notes. Here faradization of the larynx is apt to be most beneficial, with which may be associated the internal administration of potassium

iodide. Fowler's solution, quinine, strychnine, etc.; wine of coca, too, is often a valuable adjuvant to this medication.—*The Medical Summary*.

#### POINTS ON SYPHILIS.

The glands above Poupart's ligament (*Times and Register*) are the immoral glands. If you find them enlarged, examine the penis, and in nine-tenths of the cases you will find the cause there. If the swelling is in the glands below Poupart's ligament, the cause is probably in the foot. In syphilitics a heavy chill and high fever, followed by sweating, will be followed by marked secondary symptoms. Secondary symptoms beginning with a papular or tuberculous eruption show a very severe attack. Syphilitic eruptions are polymorphous; that is, many forms of eruption are present at the same time—the roseolous, erythematous, papular, etc. This is not the case in non-syphilitic eruptions, a point of diagnostic importance. The reason the hair is lost in syphilis is that there is a proliferation of connective tissue cells, which press on the hair-bulbs and cut off the bloody-supply and cause the hair to die. As soon as the patient is put on treatment, and these cells are absorbed, the hair again grows if the bulbs have not been destroyed. It is by means of the skin that the poison of syphilis is eliminated, as we see by the eruptions.

#### THE TREATMENT OF TYPHOID FEVER.

Dr. Sicard, after discussing the inconveniences and dangers in the use of salicylate of bismuth, charcoal, iodoform, naphthalin, and *B*-naphthol as intestinal antiseptics, in the *Revue de Thérapeutique Médico-chirurgicale* for 1891, No. 17, p. 458, recommends salol in daily doses, from fifteen to forty-five grains. Calomel, given in fractional doses, following the method of Bouchard, although diminishing the mortality, yet gives rise to a long convalescence. He believes chloroform in small doses to be one of the most useful and

least dangerous of all. Used by Desprez in 1867 in cholera, and by Stepp in 1888 in gastric ulcer and in typhoid fever, the author administers it in five-drop doses, thrice daily. This dose is dissolved in one thousand parts of water. He further insists that large quantities of fluids shall be prescribed in small doses, frequently repeated, up to six or seven quarts per day; two quarts of milk, one quart of bouillon, in addition to water in which sugar-of-milk is dissolved. The amount of urine passed is frequently five or six quarts daily. This treatment not only favors the elimination of toxic matters, but restores to the organism the water lost through the lungs and skin. — *Am. Jour. Med. Sciences.*

#### THE ROUTE OF RESPIRED AIR THROUGH THE NOSE.

R. Kayser (*Archives of Otolaryngology*, Vol. xx, No. 1), after numerous experiments upon the cadaver and the living subject, asserts that during inspiration in the normal nose the bulk of air passes along the septum, above the inferior turbinated body, describing a semi-circle in its course and extending upwards nearly to the roof of the nose. Although at variance with commonly accepted opinions, he has demonstrated his work so clearly as to settle the many controversies of reputable authorities regarding this question. According to him, the air enters the nose perpendicularly to the plane of the nares; the continuing aspiratory movement gives it a backward direction, so that the real direction must be the resultant of the two, thereby directing the current through the pars olfactoria instead of through the pars respiratoria; and settles the mystery regarding the appreciation of smell in quiet breathing. All nasal changes which do not influence the normal direction of the air current need have no restricting effect upon breathing. This will eliminate obstruction in the lower passage for consideration here. Furthermore, this upward direction of air favors the supply of warmth and moisture; the route is made longer and narrower. These attributes

serve to filter the air for the lungs. — *Occidental Med. Times.*

#### ARTHROTOMY IN OLD LUXATIONS.

V. Vaurossy (*Wien. klin. Woch.*, 1890, No. 50) reports from the Innsbruck clinic nine cases of old elbow luxations, and one each of shoulder and metacarpo-phalangeal of the thumb. The elbow luxations consisted of backward dislocation of both of the forearms. Either the external or internal epicondyle, or both, as in one case, served as barriers to reduction by being forced into the joint. The longest duration of the luxation was twenty-four months. The younger the individual and the luxation, the more favorable the prognosis. The cartilaginous covering of the articular extremities of the bones suffers less in young individuals, in case of luxations of long standing, than in older ones.

In performing arthrotomy in these cases, the joint was opened from both sides. The author, as a result of his experience, declares that by means of arthrotomy a much better result is reached than by a most economically planned resection. Subcutaneous separation of the intra-articular bands which form in these cases the author declares to be entirely insufficient. — *Med. and Surg. Reporter.*

#### THE CUTANEOUS ABSORPTION OF DRUGS INCORPORATED IN FATTY SUBSTANCES.

M. L. Guinard has been carrying out some interesting experiments to ascertain: (1) If fatty substances, lard, vaselin, or lanolin, are absorbed by the unbroken skin; (2) if cutaneous absorption is established, whether there exists any difference in the facts as regards absorption; (3) if fatty absorption is not demonstrated, what excipient would yield more of the active drug incorporated in it (*Lyon Médical*, 1891, No. 36, p. 6, and No. 37, p. 37). The results are: Iodide of potash in lard, vaselin or lanolin, well rubbed in, is not absorbed. The same result was obtained with

mercury, morphine, strychnine, and atropine. The conclusions are, that with man the absorption of drugs that are not irritant fails to take place through an unbroken skin, and that lanolin is not of more value than vaselin or lard.—*Am. Four. Med. Sciences.*

#### NOTES UPON A POSSIBLE SERVICE TO BE EXPECTED FROM DIURETIN IN GENITO-URINARY SURGERY.

Besides the ordinary antiseptic methods in genito-urinary surgery Dr. Keyes (*Med. News*, October 3, 1891) gives diuretin grs. x every four hours, beginning on the day of operation.

He has used it in thirteen major operations during the past summer on the genito-urinary tract without chill or suppression. Conclusions, he says, cannot be safely drawn from these cases, and the length of time used. But surely it demands further trial.

Diuretin being a new substance, I may briefly say that it is theobromine and salicylate of soda (a combination sometimes ascribed to Gram, of Copenhagen), a white powder of sweetish, saline, alkaline taste. E. Merck, of Darmstadt, first manufactured it at the instance of Prof. Riegel, of Giessen University, some time prior to 1890. It is soluble in hot water and in warm diluted alcohol. The same or a similar salt was first brought out in the *Apotheke Zeitung*, December 14, 1889, under the name of diuretin. This is believed to contain 50 per cent. of theobromine and is soluble with heat in half its weight of water, remaining in solution on cooling. Theobromine is the alkaloid obtained from the seeds of theobroma cacao, and is also found in the kola nut. It is related to caffeine, the latter being the methyl derivative of theobromine.

Diuretin appears to be a free diuretic, seemingly pretty constant in its action. It does not irritate the stomach, bowels, or nerves, and does not depress a weak heart. Reports about it therapeutically vary, as is natural in the case of all new drugs, but it seems safe and worthy of trial in order to see what

it will do. The dose is ten to fifteen grains often repeated, to ninety or even 120 grains a day, given in powder or in pill form—preferably a gelatin-coated pill, as the powder deteriorates on exposure. If it will prevent or even moderate urinary fever it is a valuable drug. I hope to report a more extended experience with it next year.—*Epitome of Medicine.*

#### THE IODIDES OF ANTIPYRINE.

In the *Bulletin général de Therapeutique* for 1891, p. 158, M. Duroy gives a most interesting account of his researches concerning two new organic iodides, the iodides of antipyrine. Dating his investigations upon the antiseptic properties of the iodides from 1853 he believes he has now found a combination superior to those previously known. The proto- and biniodides of antipyrine are pleasant to the taste, and yet in solution prevent the putrefaction of meat, which the iodides of potash and soda do not. Doses of six to nine grains *per diem* are borne without any inconvenience. The proto-iodide appears suited to such conditions as tuberculosis and glandular enlargements, while the more powerful biniodide should be used in typhoid fever, diphtheria, organic diseases of the alimentary canal, and epidemic diseases. These iodides can be administered in wafers, or rubbed up with sugar, or even placed dry upon the tongue.—*Amer. Four. Med. Sciences.*

#### ALLEGED OVARIAN GESTATION COMBINED WITH NORMAL PREGNANCY.

Dr. K. A. Herzfeld (*Der Frauenarzt*) describes a case where a woman, aged thirty-three, was delivered of a living female child on March 12, 1891. It was her fourth labor, and she noticed that after delivery another child seemed to be moving about in her abdomen. A swelling remained, and grew larger in a few days. Violent colicky pains set in on March 23, and the lochia, which had continued always sanious ever since labor, increased in amount. A large tumor reached to two finger

breadths above the umbilicus. The uterus lay separate from it, and below and in front of it, but the tumor reached into Douglas' pouch behind the cervix, where it evidently contained a foetal head. March 24 abdominal section was performed. A large foetal sac was removed. It corresponded to the right appendages, and its pedicle was of the normal ovarian cyst type. The patient recovered. This sac seemed to correspond to the ovary. The tube, over four and a half inches long, ran over its surface; the ostium was normal and patent. The foetus was well developed and over nineteen inches in length. The placenta was well formed, and the cord had a velamentous insertion. The tissues of the wall of the sac were carefully examined by Professor Kolisko and Dr. Wintersteiner, but not a trace of ovarian tissue could be detected. Nevertheless, in spite of the negative results of a microscopic examination, Herzfeld believes that this case is an authentic example of ovarian gestation. He observes that in Sanger's case of ectopic pregnancy, which the operator declared to be ovarian, no ovarian tissue could be detected on microscopic examination.—*British Med. Journal*, December 12, 1891.

#### ARISTOL IN BED-SORES.

J. W. Brooke, M.D., (*Med. Bulletin*) says:

The remedy was used on a woman aged sixty-two years, who was confined to bed by a fracture of the neck of the femur. A valvular heart disease had long required her to sleep in a sitting posture, and hence the whole weight of the body and thighs rested on the gluteal muscles. In spite of every precaution sloughs the size of a twenty-five-cent piece began to form on both buttocks. Finally an ointment of forty grains of the drug to the ounce of cosmoline was ordered. This was spread on pieces of old linen, about five inches square, and a piece applied morning and evening to the diseased surfaces. The first night the patient was more comfortable; within the next forty-eight hours all pain disappeared, and within one week

every vestige of inflammation had been allayed, and there was no more trouble, though the patient retained the same fixed position from January 15, 1891, to the 28th of the following March, and getting up finally with bony union. Of course, the applications were made daily until she arose from bed. The success of aristol in this case must be regarded as almost miraculous.

#### EUROPHEN.

Nolda (*Therapeutische Monatshefte*, October, 1891) relates some therapeutical observations on europfen. In four out of six cases soft sores healed in from seven to nine days, the remaining ones in twelve and fourteen days respectively. The parts affected were washed with perchloride of mercury solution (1 in 2,000) and the pure powder dusted on. In one case of a very extensive sore the author says that the half treated with europfen healed two days sooner than the other half treated with iodoform. Three cases of suppurative otitis, two of ulcer of the leg and one of hard chancre, did well with this drug.

According to Siebel's bacteriological researches this drug has a similar anti-tuberculous effect to iodoform. Europfen is indicated in all cases where iodoform was formerly employed. Its healing qualities excel those of iodoform in cases of spreading ulcers, etc., and it has the following advantages: (1) its smell is less intense and not disagreeable; (2) it is innocuous, and (3) it has a lower specific gravity.—*British Med. Jour.*

#### REMOVAL OF THE GASSERIAN GANGLION.

Mr. Rose, of King's College Hospital, recently removed the Gasserian ganglion from a woman, sixty-three years of age, who had for two years suffered from very severe neuralgia of the supra- and infra-maxillary divisions of the fifth nerve. The operation was successful, the patient being entirely relieved from pain. Mr. Rose has performed this operation now four times.—*Med. Record*.

## SPINAL SURGERY.

In the address on this subject delivered before the American Surgical Association, at the Congress of American Physicians and Surgeons, held in Washington in September (*Therapeutic Gazette*, October, 1891), Dr. J. William White limited his discussion of the surgery of the spine to the conditions requiring operative interference, or to those in which operation may reasonably be considered, and excluded lateral curvature, the so-called "railway spine," etc., since some of these conditions belong to the province of the orthopædist, others to that of the neurologist.

He classifies those remaining as follows:

- A. Congenital deformities.
- B. Tuberculosis of the spine.
- C. Neoplasms.
- D. Traumatisms.

A. Under the first heading, spina bifida is the only condition which is at once of sufficient frequency and sufficient importance to demand special consideration. After reviewing the general subject, Dr. White expresses himself as in accord with the conclusions arrived at by the committee of the Clinical Society of London, and held by the majority of surgeons at the present day. This is, that while various successes have been reported by other methods, such as simple tapping and drainage, and more recently in a limited number of cases by excision of the sac, yet, on the whole, the method of injection of the sac offers the best prospect of ultimate recovery with the least immediate danger.

B. In the second group of cases, which includes the various forms of tuberculosis of the spine, the indications for operative interference may be: 1, the evacuation of pus; 2, the removal of a sequestrum or of the focus of carious bone; 3, the relief of the cord from pressure by pus, bone, or, more commonly, by the products of a simple or tuberculous external pachymeningitis. These indications may coexist or may be quite distinct.

In disease of the bodies of the ver-

tebræ, the most accessible region is without doubt the lumbar, and the now well-known operative procedure of Treves may be adopted as the best. It makes the body of the twelfth dorsal vertebra safely accessible. The existence of a psoas abscess, whether its vertebral origin is proved or not, is sufficient warrant for the lumbar operation, affording the best drainage and at the same time permitting the removal of a sequestrum or the curetting of a patch of superficial caries, if either of these conditions should be discovered by the finger of the probe.

Where the disease is associated with caries of one or more ribs the processes are more likely to be affected, and are in all probability the portions reached by the finger and the curette of the surgeon. Dr. White states that Dr. Agnew and he have had one such case, in which caries of the vertebral extremity of the third rib was the cause of an enormous cold abscess occupying the whole of the right scapular region. They curetted the process, *not* the body of the corresponding vertebra.

Three principal objections have been made to attempts to reach the focus of bone disease in these cases of spinal abscess:

1. It is said that operative methods practicable upon the cadaver can not be employed in the presence of the angular deformity of Pott's disease, in which the last rib may be in actual contact with the ilium. These cases, however, are rare, and in them there is little indication for surgical interference, as the bodies of many vertebræ are deeply affected. The favorable cases are those of superficial caries, in which there is a curve of very large radius, or those in which there is disease of but a single vertebra and a very slight angular projection. In these two classes of cases the costo-iliac space is but little reduced.

2. It is said that the solidity of the spine is affected by operation. This, of course, can not apply to cases in which curetting is employed. It is scarcely possible that the removal of a sequestrum could materially affect the integrity of the spine; and indeed this

has not occurred even after very extensive removal of portions of vertebræ.

3. Operation is said to be useless. As a matter of fact, we have now the records of fourteen operations upon the bodies of vertebræ, with eight cures, five cases improved, and one death, which had no relation to the operation itself.

As to the third indication in tuberculosis of the spine, viz., the relief of cord-pressure in Pott's paralysis, there is some encouragement to operation held out in the clinical facts—

1. That there are very many examples of the relief of paralysis in spinal caries after the pointing of a psoas or an iliac abscess, or after the evacuation of pus by the side of the spine.

2. That the disease of the dura mater in Pott's disease is limited to the site of the diseased vertebræ. The change from an inflammatory to a normal area is an abrupt one.

The analysis of forty cases of this operation for Pott's paralysis, which are all the author was able to bring together, shows that in twenty-two there was either improvement or absolute cure. The unsuccessful cases which recovered from the operation were in some instances the subject of secondary disease. The deaths were twelve in number, showing a mortality of 30 per cent., and were due to various causes, such as shock, or extensive renal and pulmonary disease. In others death was directly due to the gravity of the disease of the cord.

In coming to a conclusion as to the indications for operative interference in Pott's paralysis, the age of the patient is of great importance, the proportion of cures and of improvements being much greater in children and in adolescents than in adults.

The seat and extent of the osseous lesion are also important, the prognosis being unfavorable in direct proportion to the height of the caries—above all, when respiratory complications exist previous to the operation. All the patients who died had an upper dorsal or a cervical lesion except one, in which case the equally fatal condition of

tuberculosis of a large number of vertebral bodies existed.

The effect of suspension in the treatment of Pott's paralysis has been so favorable in a number of cases that it should occupy a prominent position in the consideration of our therapeutic resources, and should be always tried, or, at least, carefully discussed, before operative measures are thought of.

The evidence at present available in relation to the operative treatment of spinal tuberculosis with symptoms of pressure upon the cord appears to justify the following conclusions:

1. The paralysis in Pott's disease is not, as a rule, due to a transverse myelitis, or a hopeless degeneration, and is not usually due to the pressure of the carious or displaced vertebræ, but is, in the majority of cases, the result of an external pachymeningitis, which results in the formation of an extra dural connective-tissue tumor.

2. Speaking generally, a favorable prognosis is to be given, especially in children, in cases of Pott's paralysis in which the abscess, if any exists, can be evacuated; the treatment by extension and with a plaster jacket can be employed, and the patient can be put under the most favorable hygienic conditions.

3. In cases in which all this has been tried unsuccessfully, or in those in which the disease is slowly but steadily progressing to an unfavorable termination; when with more or less complete loss of motion and sensation below the level of the lesion there are incontinence of urine and feces and the development of bedsores, and especially when acute symptoms threaten life, resection becomes entirely justifiable.

4. Operation having been decided upon for any or all of the above reasons, the prognosis will be favorable in direct proportion to the youth and strength of the patient, the absence of generalized tuberculosis, and the nearness of the lesion to the base of the spine.

5. When the tuberculous process affects the arches and there is paraplegia, we may sometimes operate, hoping not only to free the cord, but to remove, at the same time, the focus of

disease. This double indication may also be fulfilled in those cases where, without bony disease, there is posterior pachymeningitis or a tuberculoma occupying the canal. Here again, however, time and careful attention to hygiene, including change to sea or mountain air, often works wonders.

6. If the lesion of the bodies of the vertebræ is in the lumbar region at a point where these bodies are accessible, it might be possible in certain cases to expose the cord from the back, by removal of the laminæ, with the object not only of removing pressure, but of reaching and taking away the diseased bone and tubercular granulation.

7. In tuberculosis of the body of a vertebra and compression of the cord by anterior pachymeningitis we can fulfill one indication—liberate the cord from pressure. We should operate only in grave cases where acute compression, the appearance of respiratory complications, the rapid development of degenerative processes, force us to interfere, or where the course of a chronic case is steadily toward a fatal termination, although no advanced visceral tuberculous lesions are present.

As to the third division of the subject, viz., neoplasms, Dr. White concludes that every case of focal spinal lesion thought to depend on a tumor, and not distinctly a malignant and generalized disease, should be regarded as amenable to operative interference, no matter how marked or how long continued the symptoms of pressure may be.

The fourth division, that of traumatism, is first considered historically, a summary of all recorded cases of operation for fracture being given. Dr. White then adds that in reviewing the statistics of these operative cases it seems proper that those belonging to the pre-antiseptic period should be omitted, or should be considered in a category by themselves. This would leave thirty-seven operations for fracture, with six complete recoveries, six recoveries from the operation with benefit, eleven recoveries unimproved, and fourteen deaths—a mortality of 38 per cent.

The chief strength of the opponents of operation lies in the argument that the operation *per se* is of great danger, or in itself materially diminishes the patient's chances. If, as Dr. White believes to be the case, it can be fairly claimed that rapid reunion of all the soft structures down to the dura mater itself can be confidently expected; if it can be shown, as it has been, that extensive resections of the laminæ do not greatly or permanently weaken the spine; if under antiseptic methods the risk of consecutive inflammation of cord or membrane is practically *nil*; if hemorrhage is not to be feared, and if loss of cerebro-spinal fluid is unimportant; if it happens not so very infrequently that the cord is directly compressed by fragments of the laminæ themselves, or, if not, that by removal of the arches relief from anterior pressure *may* be afforded—if these are facts or even reasonably strong probabilities, it is evident that the operation is one which should no longer be rejected on the sole remaining ground that we can not be certain in any given case as to the exact amount of damage which has been done to the tissues of the cord. The argument that, if such damage were irreparable, operative interference would be useless, while if the cord retained the power of recovering itself the operation would only add another complication, has lost nearly all its force. It would seem rather to be the duty of the surgeon, after a reasonable and not very protracted delay, to endeavor to relieve any possible pressure, to remove any fragments or spiculæ of bone, to drain thoroughly the canal, or even the subdural space, if there be any oozing, and to do so with the consciousness that, if he met with none of these conditions, he is at any rate not performing a necessarily fatal operation.

In conclusion, the opinions arrived at after consideration of this last branch of the subject are summarized as follows:

1. Some objections urged against operative interference in spinal traumatism—*i. e.*, hemorrhage, frequency of absolute destruction of the cord, pressure from inaccessible fragments of



bone, etc.—have been shown to be unsupported by clinical facts; others were largely due to a well-founded dread of (a) the shock in those cases operated on in pre-anæsthetic times, and (b) consecutive inflammation, suppuration, and pyæmia in pre-antiseptic periods.

2. The results of recent operative interference in properly selected cases of fractures of the spine are encouraging, and should lead to the more frequent employment of resection of the posterior arches and laminæ: (a) in all cases in which depression of those portions, either from fracture or from dislocation, is obvious; (b) in some cases in which after fracture rapidly progressive degenerative changes manifest themselves; (c) in all cases in which there is compression of the cauda equina from any cause, whether from anterior or posterior fracture or from cicatricial tissue; (d) in the presence of characteristic symptoms of spinal hemorrhage, intra- or extra-medullary.

3. Operation is contra-indicated by a history of such severe crushing force as would be likely to cause disorganization of the cord. The question which will remain in doubt previous to operation will usually be, that of the extent of damage done to the cord and the possibility of its taking on reparative action. As to this, the safest rule is that which has been formulated by Lauenstein, namely, that if after the lapse of six or ten weeks there is incontinence of urine with cystitis, or incontinence of feces, and especially if there are also the development and spreading of bedsores, but little is to be hoped for from the unaided efforts of nature. If, however, these symptoms be absent, and if there be the least improvement in either sensation or motion, it will be proper for the surgeon to delay operative interference still longer.—*Am. Jour. Med. Sciences.*

#### INTUBATION OF THE LARYNX.

Ranke, reported to the Congress at Halle (*Rev. des Mal. de l'Enf.*, December, 1891) the statistics of another year's experience of intubation of the larynx. These are more favorable than those of

previous years collected last year; the improvement he attributes to (1) having a thread attached to the tube so that the nurse can withdraw it if necessary, (2) improved instruments, (3) greater skill and experience in the operators.

	First Series.		Second Series.	
	Cases.	Recoveries.	Cases.	Recoveries.
Intubation . .	413	34 p. c.	348	41 p. c.
Tracheotomy.	866	38 p. c.	237	34 p. c.

Tracheotomy was subsequently performed eighty-three times in the 348 cases intubated during the last year, with six recoveries (7 per cent.). The 348 cases were collected from the practice of various operators. Bokai, who had treated 109 cases by intubation, thought tracheotomy ought to be abandoned in hospitals. In his cases the tube had been retained for periods varying from ten to one hundred and eighty-four hours. The tube was changed every two days.—*British Med. Journal.*

#### TREATMENT OF APPENDICITIS.

At a meeting of the Philadelphia County Medical Society, held on September 28, 1891, surgical intervention in cases of appendicitis was strongly advocated by J. Price, W. W. Keen and T. S. Morton. Price argued in favor of an early operation, showing that whilst the mortality under expectant and medical treatment is very high, that from early laparotomy is less than 4 per cent. The operation, it is held, should be performed before general septic peritonitis has been set up, before pus has flowed freely into the pelvis, and before complete septic paresis of intestine has set in. Morton, in dealing with acute appendicitis, would operate as early as the third day of the disease, if the patient up to that time has failed to improve to any marked degree under rest, restricted diet, purgation, and topical applications. Laparotomy should invariably be performed as soon as the presence of pus is certain; when peritonitis is developing and spreading; when signs of sudden rupture of an abscess into the peritoneal cavity appear; and when septicæmia has followed septic absorption. This surgeon thinks that in some cases of frequently recurring appendicitis exci-

sion of the appendix might in certain cases be undertaken in a quiescent interval.

In the discussion W. Pepper as a physician took strong objection to much that had been proposed. He held that if every case of appendicitis were operated on, the mortality would be increased tenfold, adding that most cases recover under medical treatment, and remain permanently well. Bryant (of London) agreed with Pepper, stating that whilst convinced that operative treatment was most valuable in appendicitis, he was equally convinced that delay in operating was, in the majority of cases, the wisest course.—*British Med. Journal*.

#### NEW OPERATIONS ON THE PROSTATE AND BLADDER.

Küster read a paper on this subject before the Deutscher Gesellschaft für Chirurgie, 1891, which is abstracted from the *Centralblatt für Chirurgie*:

After referring to Kümmel's method of operating by supra-pubic cystotomy for enlargement of the prostate, he states that the researches of Von Dittel have shown that the obstruction to the flow of urine comes more often from the lateral lobes than the median, and that these can be better reached from the perineum than from above the pubis. Küster has operated three times, making his incision in the median line of the perineum and then transversely around the left side of the anus. There is great liability of wounding the urethra, and this occurred in two of his cases. It can, however, by care be avoided. In one case a fistula remained which has not yet closed. All three patients can void their urine in a stream and are very much improved. The permanency of the benefit cannot be determined, as the time which has elapsed since the operation is only from two to ten months.

He also performed a total extirpation of the prostate and bladder in a man, aged fifty-three years, affected with carcinoma of the prostate with papillary degeneration. The patient was placed upon Trendelenburg's support and the

bladder exposed above the symphysis. The upper edge of the pelvis was chiselled away, as advised by Helferich, and the bladder was opened to confirm the diagnosis, the cut being again sewn shut. With a blunt instrument the bladder was freed from the surrounding parts and an opening into the peritoneal cavity closed with sutures. A median incision was made in the perineum and the urethra divided and the prostate separated with blunt instruments and scissors. In order to find the ureters more surely, the bladder was again opened. After they were exposed they were loosely tied and cut obliquely upward and backward. A few strokes of the scissors then freed the bladder. A male catheter was introduced into the rectum and an opening made. The mucous membrane of the ureters was sutured to that of the rectum, the knots being placed in the bowel and additional catgut sutures inserted. The wound was tamponed. The patient, who had bronchial catarrh previous to the operation, died of a lobular pneumonia. The catgut sutures of the ureters gave away too soon and allowed urine to flow through the wound.

Küster was induced to perform this operation by the success which he had in the treatment of a case of vesico-vaginal fistula by Rose's method. He made a fistulous communication between the vagina and rectum and then closed the vagina. The patient was thus enabled to retain the urine for two hours in the rectum.—*University Med. Magazine*.

#### SIXTY-TWO CASES OF ENUCLEATION FOR GOITRE.

Lehotzky, in the *Wiener klinische Wochenschrift*, October 8, 1891, gives the histories of a large number of operations by enucleation for enlargements of the thyroid gland from the clinic of Albert. He says the operation has definitely demonstrated its worth for a certain class of cases. Kocher, Wölfler and König are quoted as supporting this view. The operation is based on the fact that one of the forms of hypertrophy of the thyroid gland consists of an en-

largement of a few of the follicles of the gland separated from the healthy parts by a more or less thick layer of fibrous tissue. It is not intended for other forms of enlargement or when the whole of the gland is affected. It is undertaken sometimes on account of the discomfort which the increased size occasions and sometimes for cosmetic reasons. The size of the growth varies from that of a hazelnut to that of a man's fist. The parenchymatous capsule of the nodes varied in thickness, one reaching five centimetres. Their boundary was, in most cases, sharply defined. Sometimes instead of being able to enucleate with blunt instruments it was necessary to cut and ligate carefully.

The most dangerous thing in the operation is hemorrhage. Capillary and venous hemorrhages occur if the enucleation is made slowly, while, if made rapidly, very free arterial and venous hemorrhage may occur. In such cases the wound is tamponed with iodoform gauze, and this is gradually removed as the vessels are ligated, all bleeding being carefully stopped. While in many cases the bleeding was enormous, still it was always controlled by ligature. Dividing the tissues between ligatures lessens the loss of blood, but prolongs the operation, and requires patience. Parenchymatous hemorrhage was only noticed in one case, also secondary hemorrhage once. In one case the hemorrhage after enucleation was so free as to require ligation of the carotid. One death from entrance of air into a torn vein is recorded. Enucleation is also suitable in cystic goitre, and where from the thinness of the cyst-wall or other causes it is impossible to remove all the cyst-wall, it may be sewed to the wound and treated with iodine injections. The same may be done with suppurating cysts.

Chloroform narcosis was employed in most cases, although in small-sized growths cocaine anæsthesia was sometimes successfully used. One death occurred from chloroform. The incision should be made from above downward over the most projecting part of the growth. Catgut ligatures and silk sutures were employed and iodoform

gauze packing to stop bleeding, the strip being allowed to hang out of the lower angle of the wound. The recurrent nerve lies out of the plane of operation and can be avoided. In many cases the operation is readily done and heals promptly. Enough glandular tissue is left behind to obviate all fear of any cachexia following. When the growth is very large, and composed of several parts, so much only is taken away as will remove the bad symptoms of the case.—*University Med. Magazine*, January, 1892.

#### TREATMENT OF TUBERCULOSIS OF BONES AND JOINTS BY PARENCHYMATOUS AND INTRA-ARTICULAR INJECTIONS.

Dr. N. Senn (*Annals of Surgery*, January, 1892) closes a very able and instructive essay upon the above subject with the following conclusions:

1. Parenchymatous and intra-articular injections of safe anti-bacillary substances are indicated in all subcutaneous tubercular lesions of bones and joints accessible to this treatment.
2. Of all substances so far employed in this method of treatment, iodoform has yielded the best results.
3. The curative effect of iodoform in the treatment of local tuberculosis is due to its anti-bacillary effect and its stimulating action on the healthy tissue adjacent to the tubercular product.
4. A ten per cent. emulsion in glycerine or pure olive oil is the best form in which this remedy should be administered subcutaneously.
5. The ethereal solution should never be employed, as it is liable to cause necrosis of the tissues overlying the abscess and iodoform intoxication.
6. Tubercular abscesses and joints containing synovial fluid or tubercular pus should always be washed out thoroughly with a 3 to 5 per cent. solution of boracic acid before the injection is made.
7. Injections should be made at intervals of one or two weeks, and their use persisted in until the indications point to the cessation of tubercular inflammation and the substitution for it of

a satisfactory process of repair, or until the result of this treatment has shown its inefficacy and indications present themselves of the necessity of resorting to operative interference.

8. If the treatment promises to be successful, symptoms pointing to improvement manifest themselves not later than after the second or third injection.

9. In tubercular empyema of joints and tubercular abscesses, gradual diminution of the contents of the joint or abscess at each successive tapping, lessening of the solid contents of the fluid and increase of its viscosity, are the conditions which indicate unerringly that the injections are proving useful and that in all probability a cure will result from their further use.

10. Moderate use of a limb is compatible with this method of treatment provided the disease has not resulted in deformities which would be aggravated by further use of the limb; in such cases correction of the deformity should be postponed until the primary joint affection has been cured by the injection.

11. Parenchymatous and intra-articular medication with anti-bacillary remedies has yielded the best results in tubercular spondylitis attended by abscess formation and tuberculosis of the knee and wrist-joints.

12. This treatment may prove successful in primary osseous tuberculosis followed by involvement of the joint, provided the osseous foci are small.

13. Extensive sequestration of articular ends with secondary tubercular synovitis always necessitates resection, but preliminary treatment by iodoform injections into the affected joints constitutes a valuable preparatory treatment to the operation, and adds to the certainty of a favorable result.

14. In open tubercular affections of joints, incision, scraping, disinfection, iodoformization, iodoform gauze tampon, suturing, and subsequent injections of iodoform emulsion as advised by Billroth, yields excellent results, and should be employed in all cases in which a more formidable operation can be avoided.

15. Balsam of Peru ranks next to iodoform in the treatment of tubercular

affections of bones and joints, and if the latter remedy for any reason cannot be employed or has failed in effecting the desired result, the former should be given a fair trial if operative treatment is not urgently indicated.

#### A SUCCESSFUL CASE OF LAPAROTOMY FOR INTESTINAL PERFORATION IN TYPHOID.

Dr. W. Van Hook, in a recent number of the *Philadelphia Medical News*, reports an interesting case of laparotomy for intestinal perforation in typhoid which proved successful, along with two in which the patient succumbed, in the one before the operation could be completed, and in the other, after the lapse of fourteen hours.

The successful case was a lady, æt. thirty-one, who had only a mild attack of the disease, inasmuch as on the sixteenth day the temperature was normal, and at the end of the third week she was allowed to tend to slight domestic duties. After fourteen days of such duties she was suddenly seized with a severe rigor, followed by a temperature of 104°C, high pulse, and severe prostration. The diagnosis arrived at was that these symptoms indicated a relapse. On the seventh day of this supposed relapse an enema of warm water was given to relieve constipation, the bowels not having acted for thirty-six hours. Three motions were passed at intervals in consequence, and about an hour after the last the patient was suddenly attacked with great pain in the ileo-cæcal region, followed by coldness of the extremities and other signs of profound collapse. This was recognized as due to intestinal perforation. The abdomen was opened in the median line, about two inches and a half below the umbilicus, and exit given to more than a pint of fluid fæces, mixed with lymph. There was general peritonitis, and on searching the opening was found. It was irregularly circular and about two millimetres in diameter. The portion of gut was carefully sponged with sterilized gauze, and the opening closed with three longitudinal rows of interrupted Lem-

bert sutures. The gut walls were so thick and so brittle from œdema that three rows were thought necessary to secure strength. The abdominal cavity was thoroughly washed out with hot sterilized water, and the omentum carefully drawn over the injured coil of intestine and sutured to the mesentery. A large drainage tube was passed to Douglas's pouch, and the rest of the abdominal wound closed.

The patient rallied, and in two and a half weeks the typhoid symptoms had run their normal course, the patient ultimately making an excellent recovery. —*Med. Press and Circular.*

#### PARALYSIS OF THE ARM CAUSED BY PRESSURE.

Stern (*Berlin. klin. Woch.*, November 9, 1891) reports the following case:

A man, aged twenty-seven, came under observation on account of a poisoned finger. In spite of treatment the finger, the hand, and finally the arm became greatly swollen. On the twelfth day a piece of india-rubber tubing, about the thickness of the finger, was, in the hope of checking the swelling, wound twice around the shoulder, the band passing from the axilla across the middle of the clavicle, and back to the axilla. By degrees the wound in the finger healed and the swelling subsided, when the india-rubber band, after remaining *in situ* for six weeks, was removed. Even before its removal the patient noticed some loss of power in the arm, and the failure of power gradually increased after removal, in spite of electrical treatment. Eventually the arm became emaciated and completely paralyzed. The shape of the clavicle was found greatly altered, the pressure having produced a marked twisting of the bone. The scapula on the affected side was smaller than on the other, and lay higher and nearer to the middle line. The whole of the muscles surrounding the shoulder-joint were atrophied. In length the injured arm measured two and a half inches less than the other, its bones, too, being more slender. The electrical irritability of the muscles was totally

abolished, both for galvanic and faradic currents. As regards cutaneous sensitiveness, the two arms were at times apparently equal, at other times there was some impairment on the affected side. Thermometrically, the latter was the cooler by  $7^{\circ}$  to  $11^{\circ}$  F.

These phenomena, in Stern's opinion, were wholly due to compression of the brachial plexus and clavicle by the india-rubber band.—*British Med. Jour.*

#### SUBMUCOUS RESECTION OF THE INTESTINE.

Dr. Lummer (*Centralblatt f. d. gesammte Therapie*, August, 1891) finds that the chief fault of the ordinary suture of the intestine is its tendency to cause a stenosis, which may be followed by intestinal obstruction, perforation, or paralysis. To remedy this disadvantage he has undertaken experiments on animals, and was led to adopt the following method: He dissects a cylindrical flap of mucous membrane, about one and a half centimetres long, from the transverse section of the gut, and then unites mucous membrane with mucous membrane. The sero-muscular flaps are folded back in such manner that the serous margins are approximated, and sutured in this position. The sutures which in the ordinary Lembert suture protrude into the gut are placed on the outside of the intestine and thus do not narrow the lumen.—*Med. and Surg. Reporter.*

#### SYRINGOMYELIA.

Vought (*N. Y. Med. Jour.* November 21, 1891) divides the symptoms into two groups:

1. Trophic and vasomotor disturbances are the first symptoms of the disease, and the atrophy of the thenar and hypothenar muscles with the other intrinsic muscles of the hand the first indication of the malady; the atrophy next extends to the forearm, the rest of the hand muscles, and the shoulder group. Then the affection may spread in the cord—generally downwards—often involving the lateral columns, and leading to some spastic rigidity. Other

trophic disturbances, such as the formation of wheals on the skin, ridges on the nails, bedsores, or fragility of long bones, may be met with. Coldness and blueness of the skin of the affected extremity, changes in the secretion of the sweat, increased secretion of tears, salivation or increased nasal secretion, show the involvement of the vasomotor nerves.

2. Sensory disturbances. These include a dull aching or a boring pain, numbness and formication, loss of, or great diminution of, appreciation of heat and cold over the affected area, and more or less complete analgesia. Other symptoms met with are hoarseness from laryngeal paralysis, difficulty in swallowing, paralysis of the tongue, loss of smell and taste; scoliosis is often present, as also fibrillary tremor in the muscles that are atrophied.

Vought's paper includes the report of a man, aged forty, who presented most of the above described symptoms as regards his right hand, and in whom he made the diagnosis of syringomyelia. —*British Med. Jour.*

#### THE LOCAL APPLICATION OF ETHER IN STRANGULATED HERNIA.

Finkelstein (*Berliner klinische Wochenschrift*, May, 1891) again draws attention to his method of treating this affection. In 1882, he gave the details of sixty-three cases of hernia in which taxis failed. Local etherization was followed by reposition in fifty-four and failed in four; two of these were operated on, and two refused interference and died.

In the present paper twenty-three additional successful cases are given, some of which occurred in the practice of other surgeons. In one case improvement occurred, and a movement of the bowels took place, but an operation was afterward performed, and some omentum replaced. Another case died suddenly, and the intestine was found of a dark, brownish-blue color, but strong and not at all easily broken. His method consists in placing the patient on his back, with the hips somewhat elevated and the knees flexed. The

scrotum is to be supported by a small pillow. Every ten or fifteen minutes a drachm of sulphuric ether is poured on the tumor, and from three-quarters to three hours usually, or six hours, as occurred in one case, the tumor will have diminished in size, and will either recede of itself or be readily returned. The surrounding parts may be partly protected by smearing with oil, or a flat layer of cotton may be placed on the tumor and the ether poured on this. —*University Med. Magazine.*

#### LITHOTRITY IN CHILDREN.

Alexandrow (*Zeitsch. f. Chir.*, Bd. 32, Heft 5 u. 6) has operated thirty-two times, on children of one to fourteen years, in the St. Olga's Children-Hospital in Moscow. There were five deaths, one from intercurrent pneumonia, one other in which the fatal result could not be attributed directly to the operation. In the remaining three cases the death was the result of urethral wounds. Supported by observation of some ninety cases of stone in children, the author concludes that litholapaxy should only be employed when the stone measures not more than 2.0–2.5 cm., and the urethral calibre is at least 14 Fr. In other cases high section with bladder suture gives better results. —*Epitome of Medicine.*

#### EXTIRPATION OF VARICOSITIES FOR ULCER OF THE LEG.

M. Quenu stated recently to the Societe de Chirurgie that he had a report from M. Carne who had operated on a woman of thirty by removing a large varicosity and the internal saphenous vein for ulcers of the leg. Cure occurred in three weeks and complete disappearance of the ulcers shortly afterward. The pathology of these ulcers is claimed by some to be due to a periphlebitis, whereas others claim that paralysis of the vaso-motor nerves is concerned in their production. For this latter reason the removal of the veins is discountenanced by some except in such cases where extensive ulcers and marked varices exist. —*Weekly Med. Review.*

## Miscellany.

### HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases  
for week ending January 15, 1892:

WARD.	Measles.		Scarlet Fever.		Whooping Cough.		Diphtheria.		Croup.		Typhoid Fever.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....												
2.....	13		1									2
3.....	1		1									
4.....			2				3		1			
5.....							2			1		
6.....							2			1		
7.....								1				
8.....												
9.....			1									
10.....			2	1			1					
11.....												
12.....			2	1								
13.....			3				3	1	1	1		
14.....							3	1			1	
15.....							2					
16.....			1									
17.....			1	1			1				1	
18.....							1	1			1	
19.....							1					
20.....											1	
21.....			1									
22.....			1				1	1			1	
23.....							3	2			1	1
24.....							1	2				
25.....			1					1				
26.....	1		1				2			1		
27.....	1		2									
28.....												
29.....			3				2					1
30.....			3				2					
Public Institu- tions.....												
Totals.....	16		27	3			29	10	2	4	5	6
Last week.....	12	1	32	2	5		36	12	12	3	13	2

Mortality Report for the week end-  
ing January 15, 1892:

Croup.....	4
Diarrhoea-Entero-Colitis.....	3
Diphtheria.....	10
Influenza.....	14
Scarlet Fever.....	3
Typhoid Fever.....	6
Other Zymotic Diseases.....	3-43
Phthisis.....	13
Other Constitutional Diseases.....	3-16

Bright's Disease.....	2
Bronchitis.....	12
Convulsions.....	8
Heart Disease.....	5
Meningitis.....	1
Pneumonia.....	21
Other Local Diseases.....	19-68
Deaths from Developmental Diseases.....	16
Deaths from Violence.....	3

Deaths from all causes.....	146
Annual rate per 1,000.....	25-30
Deaths under 1 year.....	24
Deaths between 1 and 5 years.....	22-46
Deaths during preceding week.....	172
Deaths for corresponding week of 1891... ..	91
Deaths for corresponding week of 1890... ..	164
Deaths for corresponding week of 1889... ..	102

J. W. PRENDERGAST, M.D.,  
Health Officer.

## OHIO HEALTH BULLETIN.

Infectious Diseases reported to the  
Ohio State Board of Health in 38 cities  
and towns during the week ending  
January 15, 1892.

**Diphtheria:** Akron, 2 cases, 1 death; Bel-  
laire, 1 case, 1 death; Carey, 2 cases; Cincinnati,  
29 cases, 10 deaths; Cleveland, 21 cases, 9  
deaths; Delphos, 1 case; Elmwood, 2 cases, Fos-  
toria, 1 case; Greenville, 2 cases; Findlay, 1 case,  
1 death; Lancaster, 2 cases; Lima, 6 cases; Mans-  
field, 5 cases; Newton Falls, 2 cases; Norwalk, 1  
case; Toledo, 6 cases, 1 death. Total, 84 cases  
and 23 deaths.

**Scarlet Fever:** Akron, 8 cases; Carey, 1 case;  
Cincinnati, 27 cases, 3 deaths; Cleveland, 7 cases;  
Clevs, 1 case; Coshocton, 6 cases; Elmore, 5  
cases; Garrettsville, 1 case; Geneva, 5 cases; Iron-  
ton, 2 cases; Lancaster, 11 cases; Mansfield, 1  
case; Newton Falls, 2 cases; Norwalk, 1 case;  
Ohio City, 1 case; Salem, 1 case; Tiffin, 2 cases;  
Toledo, 2 cases; Zanesville, 2 cases. Total, 86  
cases and 3 deaths.

**Typhoid Fever:** Cincinnati, 5 cases, 6 deaths;  
Cleveland, 1 case, 1 death; Coshocton, 2 cases;  
Geneva, 2 cases; Ripley, 1 case, 1 death. Total,  
11 cases and 8 deaths.

**Whooping-Cough:** Cleveland, 2 deaths; El-  
more, 12 cases; Leetonia, 8 cases; Newton Falls, 1  
case. Total, 21 cases and 2 deaths.

**Measles:** Cincinnati, 16 cases; Cleveland, 8  
cases; Garrettsville, 14 cases; Toledo, 1 death.  
Total, 38 cases and 1 death.

No infectious diseases reported to health  
officers in 11 towns.

C. O. PROBST, M.D., Secretary.

A young physician in Bourne-  
mouth, England, died recently from  
the effects of cocaine, which he had ap-  
plied too freely to an aching tooth.—  
*The Canadian Practitioner.*

## BEEF TEA.

The opinion is frequently expressed nowadays by physicians that beef tea is of no value as a food, but is simply a solution of stimulating or refreshing saline elements. If this is so it should be generally known, for beef tea is often administered in adynamic states, as a substitute for, or in alteration with, nourishing substances such as milk.

We are convinced that the prejudice against rightly-prepared beef tea is without proper foundation; and we prefer this home-made substance to the different meat extracts sold in the shops, which may vary greatly in their composition, and are often disagreeable to the taste.

In order to make a nourishing beef tea, a pound of tender, lean meat should be chopped fine and allowed to soak two or three hours in a pint of cold water. The vessel should then be heated on the stove (not to the boiling point), for two or three hours longer, until the water has evaporated to half a pint. If the meat be delicate and free from gristle and tendinous matter, and if it be not heated to the boiling point, there will be no scum to skim off of the top nor fibrous residue to remain on the bottom; but the mixture will consist of a brownish liquid, with brown flakes floating in it. When properly seasoned it is as delightful an article of food as can be presented to an invalid; and the maker will soon have a great reputation among the sick for her dainty dishes.

We cannot believe that the preparation, thus described, served unstrained, does not contain the strength of the meat. The nourishing elements of the meat surely do not evaporate, and they are neither skimmed away, nor left behind in the vessel. Where else, then, can they go, except into the stomach of the invalid?

We admit that some invalids cannot digest the brown flakes of the tea, which produces relaxation of the bowels. But such persons could probably not digest the casein of milk either; as in certain cases of typhoid fever.

When, however, the stomach and intestines have any digestive power at all, we would recommend the preparation above described as an alternative for milk. A sick person can in this form take a pound or more of beef in twenty-four hours, if there be no relaxation of the bowels, such as sometimes follows the use of all soup preparations. The various modifications of this method, such as heating the meat with little or no water in a bottle, are good; but the method given is perhaps the most elegant. The main points are to use lean, tender beef, to soak it for hours in cold water, and *on no account to bring it to the boiling point* in the final slow heating.—Editorial, *Maryland Med. Journal*.

## A FOLK-LORE REMEDY FOR WHOOPING-COUGH.

Dr. E. V. Hunt writes to *The Lancet* that while staying at Folkestone recently he got into conversation on whooping-cough one day with a bath chairman. The man said that he knew of a certain cure for this complaint, which was to cut some hair from the nape of the child's neck, put the hair between two pieces of bread and butter, and make a dog eat it. He said the dog caught the whooping-cough, and probably died of it, but the child recovered. On rather strong doubts on the point being expressed by the listener, he asserted it was positively true, for it had proved a cure in the case of his own children.—*Medical Record*.

## EARLY MATERNITY.

A case of early maternity is mentioned in the daily press. It appears that one Hodges Drayton was arrested for indecent assault at Fall River, Mass. It appears that he was born in the Alms House at Taunton, February 1, 1858. His mother at that time was ten years and eight months old, while his father was a lad of fifteen years. — *Weekly Med. Review*.

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LXVII.

## CONTENTS.

### ORIGINAL ARTICLES.

- THE ETIOLOGY AND TREATMENT OF CONGENITAL EQUINO-  
Varus. By Travis Carroll, A.B., M.D., Cincinnati. 133
- NERVOUS AND MENTAL PHENOMENA AND SEQUELÆ OF  
Influenza. By Charles K. Mills, M.D., Philadelphia,  
Pa. 136

### SOCIETY REPORTS.

- ACADEMY OF MEDICINE.  
Meeting of December 21, 1891.  
Discussion on Congenital Equina-Varus. 147

### TRANSLATIONS.

- PARNIAN MEDICAL CHIT-CHAT. By T. C. M. 148
- THERAPEUTIC NOTES. By F. H. Pritchard, M.D., Nor-  
walk, O. 150
- Pyocetamine in the Treatment of Malignant Tumors.—  
Treatment of Pain. 150
- The Treatment of Inoperable Uterine Carcinomata  
by the Chloride of Zinc Paste. 151
- Treatment of Buboes by Injection of Iodoformized  
Vaseline.—Disinfectant Intra-Uterine Injection.  
—Camphor and Acetanilid in Pneumonia.—Ozena. 152

### EDITORIAL.

- MEDICAL CHARITY. 152
- SEXUAL PERVERSION. 154
- THE SECRETARY OF PUBLIC HEALTH. 155
- EDITORIAL NOTES. 156

### SELECTED.

- THE INFLUENZA BACILLUS.
- I. Preliminary Communication on the Exciting Causes  
of Influenza. 157
- II. On the Influenza Bacillus and the Mode of Cultiv-  
ating it. 158
- III. On a Micro-Organism in the Blood of Influenza  
Patients. 159
- Chloroform in Labor. 156
- Tetanus Cured with the Tetanus Antitoxine. 146
- Celluloid Substitute for Bone. 147
- Vaccination as a Prophylactic Against Influenza. 160
- To Extract Ptomaines from Urine.—Action of the Pro-  
ducts of the Tubercle Bacillus. 161
- Therapeusis of Syphilis. 162
- Double Nephrolithotomy for Renal Calculi Complicated  
by Pyonephrosis.—Pathological Anatomy of Insanity. 163
- Tetany of Gastric Origin.—Nausea. 164

### MISCELLANY.

- Report of the Health Department of Cincinnati. 164
- Health Bulletin Ohio State Board of Health. 165
- A Bacteriological Examination of the Boston Milk-Supply. 165
- A State Board Sustained.—Ode to La Grippe.—"Licensed  
to Practice." 167
- A New Heart Tonic. 168

See Advertisement "VIN MARIANI" on Insert page viii.

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Whole Volume LXVII.

## Original Articles.

### THE ETIOLOGY AND TREATMENT OF CONGENITAL EQUINO-VARUS.

A Paper read before the Academy of Medicine,  
December 21, 1891,

BY

TRAVIS CARROLL, A.B., M.D.,  
CINCINNATI.

It is my pleasure to present to you this evening the subject of congenital equino-varus. The fact that one encounters so frequently adults exhibiting this deformity, is sufficient evidence either that the present management during early life is faulty or inadequate, or that the laity, imbued with that traditional idea that once a club-foot always a club-foot, has not been sufficiently impressed, that, taken at birth and the proper treatment persisted in, no child at the age of puberty should be so crippled.

The condition termed equino-varus, classified arbitrarily by some authors into three degrees, consists in a downward, inward and backward twisting of the foot, especially marked with reference to that part anterior to the medio-tarsal joint. In extreme cases there is also an upward tendency so that the great toe approaches the inner side of the leg. The inner and inferior aspects of the foot are shortened and concave, the other upper surfaces convex and lengthened. While the curve extends throughout the whole foot, it becomes angular in character at the medio-tarsal joint, where the bones are so far separated as to amount to a subluxation, leaving the prominent head of the astragalus to be felt plainly beneath

the overstretched skin. There is a shortened condition of the plantar fasciæ, and a disproportioned action between the extensor longus digitorum and the peronei muscles on the one hand, and the tibialis anticus and posterior, the flexor longus digitorum, and the tendo-achillis, muscles on the other hand. Usually changes are to be found in the cuboid, scaphoid, os calcis and astragalus, particularly in the latter bone, consisting of a decided twisting inward of the head and neck and a depression of its horizontal axis forward, allowing only the posterior part of its upper articular surface to form the ankle. The scaphoid, with the cuneiform bones, is carried inward to a greater extent than the cuboid. The os calcis is so drawn up that the prominence of the normal heel is obliterated, and the tissue which usually covers this bone inferiorly is often found well forward in the middle of the foot, to recede as recovery takes place to its normal position over the tuberosity.

The causes of club-foot have been summed up by A. Sidney Roberts and Sam. Ketch in an admirable article on this subject in the "Reference Hand-book of Medical Sciences," as follows:

1. The theory of pathological changes affecting the *fœtus in utero*.
2. The theory of mechanical forces acting upon the child *in utero*.
3. The theory of heredity.
4. The theory of arrest of development.
5. The non- or retarded rotation.

H. W. Berg, of New York, an especial advocate of this last theory as the cause of congenital equino-varus, by a study of the specimens seen at the New York Hospital and Wood's Museum, of Bellevue Hospital, with refer-

encé to the changes of the *fœtus in utero*, arrived at the conclusion that the position of equino-varus is physiological in early *fœtal* life and gradually diminishes as pregnancy approaches term. In proportion as it persists, or rotation is incomplete, is the child born more or less clubfooted. I do not think this theory will explain fully the cause of the deformity; and that there exists in all children an equino-varus in early *fœtal* life will not hold good. Within the past two weeks, in two cases of abortion between the third and fourth months, I examined the *fœtal* extremities, especially with reference to this point, and found no trace of club-foot. The feet were as perfect as when normal at term. Again, granting that this condition is physiological, it will be necessary to explain why rotation does not take place.

Theory of mechanical forces acting upon the *fœtus in utero*. Parker states that the feet of a *fœtus* occupies various positions during intra-uterine life, so as to allow of that variety of positions and movements which are afterwards to be natural to the foot, and anything which prevents the feet from assuming these postures at the proper time, or maintains them too long in any position, has a talipes as a result. This mechanical impediment is usually considered to be the uterine wall. Against this theory, it is urged that when the liquor amnii is abundant, and there is every evidence of sufficient intra-uterine space, where pressure upon the child can hardly be produced, children are nevertheless born club-footed.

The theory of pathological changes affecting the child *in utero*. This theory presupposes that the paresis of a certain set of muscles is due to some lesion of the central nervous system, and that the congenital form then follows in ultra-uterine life in the same manner as acquired club-foot follows similar lesions during life. That the microscope has not been able to demonstrate any lesions post-mortem of the nervous system in these cases, is the evidence the opponents have brought against its infallibility.

The theory of arrest of development. In favor of this theory we find talipes present often in anencephalic monsters and in conjunction with other evidences of arrest of development, as cleft palate, hare-lip, congenital hernia and undescended testicle. The fact that club-foot is often present when these other abnormalities are absent is no proof that this explanation of its origin is at fault.

Among the more remote causes might be placed heredity, with its mysterious influences, which acts as a factor in the etiology of so many maladies and deformities and constitutional diseases, affecting one or both parents at the time of conception to blight or lessen the vitality of the subsequently impregnated ovum, causing it to develop but imperfectly or not at all.

In considering the more immediate pathological changes which bring about the deformity we find two explanations for its origin. First, that it is in consequence of bone changes of the tarsus, principally of the astragalus, by the twisting of its head and neck, giving to and maintaining the foot in its abnormal position. This can not explain the drawing up of the *os calcis* and the almost complete separation of the scaphoid from the head of the astragalus, leaving it *in situ* prominent beneath the skin.

The second theory, that of paresis of the muscles supplied by the peroneal nerve, offers a better explanation for the mechanism of the deformity. The soleus and gastrocnemius, together with the flexor digitorum and tibials, not having sufficient force to counter-balance them, draw the foot into its peculiar position, and the changes in soft part and bony structures arise then in consequence of the faulty condition.

The latter theory, I think, is now the more generally accepted one, and on it is based the rationale of treatment, particularly in early infancy, before changes due to inflammation, irritation, defective nutrition of the leg and foot, and of using the foot in its abnormal position have taken place.

## TREATMENT.

In taking up the subject of treatment I do not propose to discuss such operations as open incision, extirpation of the astragalus either alone or together with the scaphoid and cuboid or section of its neck, removal of a wedge-shape of tarsus, removal of cuboid and osteotomy of the fibula and tibia, and other similar operations devised more to relieve the sequelæ of the deformity than to cure the underlying lesions, or even tenotomy, but to confine your attention to the more immediate treatment of the primary condition.

It can not be too strongly urged that the sooner the treatment is begun and the more persistently carried out, the better will be the result. Immediately after birth it is well to take the foot and gradually and gently correct the deformity, a procedure which is accomplished with surprising ease usually. As a primary dressing after correcting the deformity as far as possible, I think there is none superior to plaster-of-paris bandage. This, in order to avoid slipping from the baby's movements, had better be applied directly to the skin. If cotton is put under it, even though the dressing be carried above the knee, it will slip and hold the foot in a faulty position.

When the baby is a month old treatment by elastic traction may be begun, a treatment, while not original with Barwell, of London, was brought by him to the prominence it merits. His dressing consists of adhesive plaster applied at points on the foot to represent the insertion of the peroneus longus and brevis muscles. To the outer side of the leg he adjusts with adhesive plaster a tin splint about one-quarter the circumference of the leg in width and reaching to as low as the shoe-top line. At the upper extremity of the splint is an eyelet with a chain attached, representing the origin of the peronei muscle. By passing a rubber tubing with hooks in its ends, from the plaster representing the insertion of the peroneus longus to the eyelet, the equinus is overcome. To overcome the varus the rubber muscle passes through

a loop on the lower end of the splint at a sharp angle, and is then hooked into a loop in the plaster representing the peroneus brevis. The tension of the springs may be regulated by taking up or letting out one or more links of the chain, according to the force required.

The objections to this dressing are, that it is difficult to apply, it excoriates the skin, and easily becomes loose, allowing the leg splint to slip down, and that it prevents the use of massage and other auxiliary treatment.

To obviate these objections in the use of the rubber muscle, I have used the following apparatus, which consists of a spring waist-band with two side bars descending along the outer side of each leg to within an inch or more of the ankle, according to the age of the child. Each bar has, at the hip and at the knee, a joint. Above the knee is an anterior spring band to steady and prevent a slipping down of the lower segment when the knee is bent. At the garter line is a knob forming a point of attachment for the rubber muscles, and representing the origin of the peroneus longus. At the lower end of this segment is a posterior spring band to steady this part, with a loop to change the direction of the elastic muscle. The foot attachments are either the adhesive plaster dressings of Barwell, or in less pronounced cases, a lace shoe, well fitting, with an eyelet near the toe on the outer side.

There is no difficulty in removing or applying this instrument. There is no tendency, as the force is transmitted to the body, of the instrument slipping around the leg, allowing the foot to turn in, a fault which all instruments have whose side bars do not extend above the knee, or better, to the waist. There is no loosening of the instrument, no excoriation of the skin, no interference with the employment of electricity, massage and other treatment for strengthening the muscles. The advantage of treatment by spring muscles is that it imitates nature; and in so doing, while restricting the inordinate use of other muscles, teaches and assists the child in the use of the peronei. These children, when quiet, often will

stand perfectly straight and flat on their feet, but as soon as they attempt to walk there is a tendency to twist the toe inwards. The spring muscle corrects this fault.

By shortening, and encouraging the child in the use of the affected muscles, it strengthens and develops them, the only safeguard against relapses.

In conclusion, while it is the custom among late writers to dismiss in a few words the treatment of congenital club-foot in infants, and confine their attention more particularly to neglected cases in older persons, it should be emphasized that the care of this deformity, when congenital, in order to insure a perfect cure, must be begun at birth, and persevered in for months and perhaps years before recovery is complete. If this is done there will be no call for later operation.

25 W. Eighth Street.

[FOR DISCUSSION SEE P. 147].

#### CHLOROFORM IN LABOR.

Dr. Rulison (*Med. and Surg. Rep.*) concludes an article on the use of chloroform in labor as follows:

1. No pain—hence no nervous shock—consequently the “inevitable chill” does not appear.

2. It reduces the number of perineal tears to a minimum.

3. It shortens labor and in several ways greatly relieves the attendants.

4. Childbirth being robbed of its chief terror, the tendency to resort to criminal practices is reduced and population consequently increased.

5. Brings increased respect for the medical attendant. The gratefulness depicted upon the countenance of the woman when informed by her attendant that she is a mother (having become so without pain) can not fail to arouse in him thoughts so pleasing that he is apt to forget, for a moment, that a doctor has any trials.

THE Paris Society of Medicine offers a prize of 1,500 francs and a gold medal for the best essay on tuberculosis, to appear before the end of 1892.—*Med. Record*.

#### NERVOUS AND MENTAL PHENOMENA AND SEQUELÆ OF INFLUENZA.

A Paper read before the Philadelphia County Medical Society, January 13, 1892,

BY

CHARLES K. MILLS, M.D.,  
PHILADELPHIA, PA.

All practitioners have been struck by the prominence of nervous and mental phenomena in influenza; and much has been written, but mainly in a desultory way, about the symptoms of the disease which are referable to the nervous system, and its more or less persistent nervous and mental sequelæ. The part played by the nervous system in the etiology and history of the disease has been variously interpreted. One holds that it is a “nervous disease,” without explanation; another describes it as a pneumogastric neurosis; another as a neuropathy due to ptomaine poison. According to Blocq, cited by Church,<sup>(1)</sup> the primary infectious action takes place upon the nervous system during the disorder, while sequelæ are to be attributed to secondary infection from ptomaines. Cheston Morris,<sup>(2)</sup> of Philadelphia, advances the theory that the general symptoms of influenza may be traced to a derangement of function, or partial paralysis of the pneumogastric nerve, and that the affection is brought about by conditions of the atmosphere, which particularly tax the cardio-pulmonary apparatus which is regulated by this nerve, a view which, after all, relegates the disease to an atmospheric or infectious cause. Graves long ago referred the bronchial and pulmonary symptoms of grippe to lesions of the nervous power of the lungs, and Blakiston regarded it as a disorder of the nervous system, with concomitant derangement of the organs of digestion, circulation, etc. Levick<sup>(3)</sup> who cites the last two authorities, holds that certain symptoms are produced when the poison is ex-

1 Church: *Chicago Med. Record*, 1891.

2 Morris: *American Lancet*, March, 1891.

3 Levick: *Am. Jour. Med. Sci.*, January, 1864, and republication in pamphlet form, with notes of the influenza of 1889-90.

pended on the sensorium, and certain others when its influence is chiefly exerted on the respiratory centres.

The analogies or relationships between influenza and other diseases generally recognized as belonging to the nervous system, either primarily or because of the situation of their most notable lesions, have been strongly brought out by able writers, as by Levick, for example, who has even suggested that epidemic cerebro-spinal fever, or cerebro-spinal meningitis, may be simply a malignant form of influenza, a view to which he was led because of the resemblance in the symptoms of the two diseases, which differ in degree rather than in nature, and also because for three centuries the two have occurred coincidently or in close sequence.

Grasset and Rauzier,<sup>(1)</sup> in a monograph on the grippe of 1889-90, lay great stress on the enormous predominance of the nervous over the catarrhal elements in the epidemic, as evidenced in the high fever, great cephalalgia, the marked delirium, the widespread pain, and the excessive nervous irritability. They refer to cases communicated by M. Coustan, in which the entire symptomatology of the disease seems to have reduced itself to a horrible migraine. They review the literature, which shows that writers of various countries are unanimous in proclaiming the importance of the nervous element—referring to Austrian, Russian, Belgian, German, English, and Polish contributions.

According to Schmitz,<sup>(2)</sup> who read a paper on the subject before the Psychiatric Society, at Bonn, influenza is a disease of the nervous system with secondary involvement of the heart, lungs, and digestive organs. In several hundred cases which he observed the nervous symptoms were always primary, followed in every case by secondary involvement of the other organs.

<sup>1</sup> Grasset and Rauzier: "Leçon sur la Grippe de l'Hiver," 1889-90; Montpellier and Paris, 1890; Monograph of 98 pages.

<sup>2</sup> Schmitz: *Allgemeine Zeitschrift f. Psychiatrie und psychisch-gerichtliche Medizin*, 179, 1891. Cited in *American Review of Insanity and Nervous Disease*, December, 1891.

What seems to be needed is an analysis and practical grouping of the facts, almost too numerous to handle, which shows the important part played by the nervous system in the development, progress, and results of the disease. How is the nervous system affected by influenza? What are its primary or direct effects on the nervous system, and what are some of the more persistent and permanent impairments, and how are these determined by the disease? What are its acute nervous and mental phenomena, and what are the most common sequences? What is the probable pathology of these states, and what treatment is best in view of the neurotic characteristics of the affection?

The briefest consideration of the subject brings forcibly to mind the fact that all diseases of infectious or toxic origin—epidemic, endemic, sporadic, or accidental—may strike any or all parts of the nervous system with a result which will be proportionate: first, to the virulence of the infecting agent; and, second, to the resistance of the individual, whether this is due to constitutional predisposition or to reductions the result of previous injury or disease. The microbes may differ, but a bond of union and close resemblance can be recognized between the effects on the nervous system of all contagious and infectious diseases, as variola, scarlatina, diphtheria, measles, whooping-cough, typhoid or typhus fever, leprosy, mumps, cholera, erysipelas, puerperal fever, influenza, or cerebro-spinal meningitis; of all of such constitutional and diathetic affections, as tuberculosis, gout, rheumatism, and diabetes; and of all such toxic agents artificially introduced into the system, as alcohol, mercury, lead, arsenic, copper, and poisonous gases. These diseases, these diatheses, and these poisonous metals and gases produce, or may produce, nervous and mental phenomena of the same character, differing in degree in particular cases and for special reasons.

In all these affections at the time of acute onset, if the illness is of a serious character, such symptoms are present as great mental and nervous debility, irri-

tability, restlessness, sleeplessness, or the opposite states of torpor, stupor, hebetude or coma; delirium; vertigo or syncope; headache, browache, napeache, backache and limbache; pains of all degrees of severity referred to various nerve areas; hyperæsthesia of the skin, of muscle-masses, or confined to nerve-trunks or branches; spasms, local or general, and with or without unconsciousness; sometimes mental disturbance amounting to a true mania or melancholia. During the progress of such affections any one or several of these enumerated symptoms may be present. Supra-orbital pain, for example, may be the only prominent nervous symptom in a case of influenza; headache and backache in diphtheria; hyperæsthesia in mumps, diabetes or gout; and mania in a case of puerperal infection. Any infectious or toxic disease may, in brief, produce the same symptom, syndrome, or train of phenomena; and—which is the main point—for the same reason, namely, because of the introduction into the system of an agent which directly and powerfully poisons nerve centres, and possibly also nervous conducting tissues.

Following all infectious, diathetic, or toxic diseases, moreover, or directly springing from them, common experience teaches that we may have great nervous or general weakness; forms of insanity of the depressive type; paresis and paralysis of every grade from an affection of a single muscle to that of all the extremities, and even more; localized spasm or cramp; general convulsions; pains in nerves, muscles and joints; and losses or perversions of sensation.

These symptoms and conditions, which may occur at the onset, during, or after the subsidence of any infectious or toxic disease, are those which constitute the nervous features of the prevailing epidemic. I have introduced the subject in this way because it seems to me that it is this comprehensive grouping or generically similar phenomena which enables us to most readily grasp a subject even for practical purposes. We differentiate phenomena in our daily labor, which we only understand by properly grouping them, and by refer-

ring them to a common or to related causes.

Any attempt to classify the nervous and mental phenomena of influenza must be attended with great difficulties. These are, in the first place, symptoms and conditions which, although manifested in non-nervous organs, are directly traceable to a nervous origin; secondly, affections which would be recognized by all as properly referred to the nervous system; and, thirdly, affections occurring in nervous tissues and organs, although, strictly speaking, not nervous diseases.

I will refer very briefly to the first of these classes, although of much importance. I will not, however, discuss the nervous origin of the fever of influenza, nor will I attempt to explain the catarrh, indigestion, etc., on some neurotic theory, as such a method might lead us anywhere, and for our present purposes would be unprofitable. I wish simply to emphasize the fact that some of the most prominent pulmonary, cardiac, and vascular affections of influenza can best be explained on neural theories. Many personal observations have led me to the conclusions, not new, which has recently been well presented by Elliott,<sup>(1)</sup> of New Orleans, that the pneumonias of influenza are often due to vasomotor paralysis; that they are, in fact, forms of blood stasis or passive congestion from vasomotor paralysis, which in its turn is dependent upon the action of the infection upon the pneumogastric centres and the nervous system in general. A distinct difference can be made out between the true pneumonic lung and this "grip-lung," as it has been termed by Elliott. Graves long ago attributed the œdema of the lungs which occurs in influenza to an affection of the vagus.

"The grip-lung," according to Elliott, "has a long and very varying condition of passive blood stasis unaccompanied by râles. If resolution occurs within three or four days, it is accompanied by large mucous râles, and no time is given for the slow appearance of bronchial breathing or bronchophony;

<sup>1</sup> *The Climatologist*, Vol. 1, August, 1891.



but during the long continuance of the blood stasis, an exudation occurs, increasing slowly, which will give, in time, some bronchophony and bronchial breathing, but never so complete as in pneumonia. Resolution never occurs in these cases with the suddenness that characterizes it in acute pneumonia. The condition passes off as gradually as it formed. The sharp, clear-cut, and sudden phases of the pneumonic attack separate it clearly from the obscure, irregular, and slow phases of the *grip-lung*."

Many disorders in various parts of the body are best explained on this theory of local vasomotor paralysis, although it is not necessary to attempt to force this explanation for all. Hemorrhages, minute, or even of considerable size, occurring in diverse localities, as in the retina, membrana tympani, and internal auditory apparatus, or in the skin, or mucous or serous membranes anywhere, may be due to deficient vasomotor tonus. Brain, kidneys, liver or pelvic organs may suffer from forms of passive hyperæmia, subacute or chronic, which are in fact due to forms of vasomotor palsy. Occasionally we meet with cases of vasomotor disorders of the extremities, such as flushed or pallid fingers.

Even trophic affections have occasionally been observed. Wilson,<sup>(1)</sup> for example, refers to gangrene of the lungs as one of the less common complications. Abscesses of the limbs have been recorded. Grasset records two observations of eschars occurring in young subjects in the absence of prolonged decubitus. The greater tendency in surgical cases to suppuration may have its best explanation in the depression of healthful vasomotor and trophic influence.

The peculiar forms of pulse, and the uncertain or perverted action of the heart, extending in some cases to cardiac palsy and death, are in a strict sense nervous phenomena due to paralysis, partial or complete, of the inhibitory apparatus of the heart.

Let me take up those symptoms and affections which would clearly be recognized as belonging to the nervous system.

I believe, with Church, "that the infection of influenza has a marked action upon the nervous system which may give rise to immediate acute manifestations or to remote and persistent conditions; and that in the predisposed, grippe is competent to cause marked excitement or great depression of the motor, sensory, and mental nervous apparatus."

Great nervous and mental prostration, both as an acute manifestation and as a persisting sequel, has engaged the attention and required the treatment of all practitioners. The mental depression often present as an initial symptom has been, in some cases, simply overpowering. Some of the patients are affected like individuals whose mental and motor centres have been poisoned to the limits of human endurance, while still permitting the retention of consciousness. In other cases even consciousness itself has been overwhelmed.

Not a few patients who suffered from attacks of influenza during the early period of the present epidemic are still victims of profound neurasthenia. I refer now to cases which are not distinctively of the melancholic type. These neurasthenics are unable to endure a fair amount of work; their nervous forces are soon routed; they are weak, worrisome, and unrecuperative. The cardiac weakness which has been left is undoubtedly in part the cause of this neurasthenia, and with reference to this, Church says that "the persisting neurasthenic condition, which so usually follows influenza, is attributed by some to cardiac weakness of nervous origin; and this contention is not without weight, if it is observed that even after appetite, sleep, body-weight, and physical functions have been long restored, the slightest exertion immediately produces disproportionate fatigue accompanied almost invariably by either a retarded or more frequently accelerated pulse, and rarely by præcordial distress and even by angina pectoris."

<sup>1</sup> Wilson: *American System of Practical Medicine*, Vol. 1, p. 870.

Curtin and Watson, (1) whose experience in influenza has been enormous, say that although general nervous prostration often extended over long periods without any discoverable local cause, it was always worth while to examine the urine with care. "Sometimes a nephritis, sometimes a faulty digestion or hepatic inaction seemed to underlie the general condition in latent form. These cases, by enforced rest and attention to local complications, gradually recovered. These cases and nervous cases generally, were very disappointing when sent to the seashore during convalescence."

Among organic nervous diseases which have developed during the influenza or have been left in its wake, are in the order of their frequency, so far as my personal observation has gone, neuritis, meningitis, myelitis, and cerebritis, or various combinations of these inflammatory affections, as, for example, concurrent neuritis and myelitis, meningo-myelitis, or meningo-encephalitis.

Probably no single affection of the nervous system has been so common during and after the grippe, and particularly as a sequel of the disorder, as neuritis. Almost every variety of neuritis as regards location and diffusion have been recorded, and have come under my personal notice. Multiple neuritis, while not common, has not been rare; and I have seen a concurrence of this affection with poliomyelitis in the same case. Isolated neuritis of almost every cranial nerve has been recorded, with such resulting conditions as optic atrophy, loss of smell and of taste, ophthalmoplegias, both internal and external; oculor-motor, facial, and bulbar or pseudo-bulbar palsies of various types, including true pneumogastric paralysis. Several cases of specially located affections of the sympathetic ganglia or nerves have been recorded. Of the forms of local neuritis most common might be mentioned the supra-orbital, intercostal, sciatic, and plantar.

An interesting case of neuritis with a myxædemoid condition of the limbs

presented herself at the Philadelphia Polyclinic recently. She had a sharp attack of influenza five weeks ago, having been in good health up to that time, except five years since, when she suffered for several weeks with inflammatory rheumatism. On recovering from the influenza, the attack not having been especially marked with nervous symptoms, she was extremely weak in the legs, and was scarcely able to drag herself around. In a few days her feet and legs began to swell and to be painful, and soon became of enormous size and exquisitely tender. She has gradually improved, but still has a condition of firm swelling, which does not pit on pressure, from her knees to her ankles, and she also still has great tenderness on squeezing the feet or ankles, or in handling the nerves or muscles of the limbs. She has no cardiac affection.

The articular pain and other so-called rheumatic manifestations so numerous during the after attacks of the grippe, are after all best explained on the theory of infectious neuritis or myositis.

These cases with articular and other pains, and with swelling, recall the endemic or epidemic form of multiple neuritis known as beri-beri, in which the chief phenomena are œdema and paralysis of the limbs, with marked pain, hyperæsthesia and paræsthesia followed later by anæsthesia, lost knee jerk, and depressed electrical reactions. Myositis certainly, and probably also periositis, occur as complications or sequences of the influenza, and usually in association with neuritis of some type.

Many of the reports speak of the frequent occurrence of various neuralgias. Doubtless a distinction is seldom made by observers and recorder between neuralgia and neuritis, which are or may be separate affections. Practically these cases should be regarded as neuralgic, in which pain is referred to certain nerve lines or radiations; but in which pain on pressure, and the other phenomena of neuritis, such as anæsthesia, vasomotor and trophic disorders and even paralysis, are absent. In m

1 Curtin and Watson: *The Climatologist*.

own experience the cases which could properly be diagnosticated as neuritis are by far the most common. The distinctively neuralgic pains are probably due to toxæmically depressed or exhausted sensory nerve-roots or centres in the cord and bulb.

Of diseases of the spinal cord proper, occurring as complications or consequences of influenza, the reported cases are not numerous, but they are none the less important. A few cases of myelitis have been put on record by native and foreign observers—one that I recall in which all four extremities were paralyzed. As would be expected, in accordance with the analogies with other infectious and toxic diseases, anterior poliomyelitis is the most common type. I have had several cases of temporary paralysis of one or more limbs, which, owing to the absence of pain and of cerebral symptoms, were apparently spinal in their origin, and probably light forms of inflammation. Concurrent multiple neuritis and poliomyelitis has already been referred to as having been observed by me in one case, in which the neuritis, which was not severe, soon disappeared, but a limited paralysis, evidently spinal in character, was left behind.

Several observers have reported cases of bulbar paralysis, and one striking example of this disease, attributed to the grippe, has come under my own observation, although exactly how far the influenza was responsible it is difficult to say. This patient, a clergyman, had a severe attack of influenza in May, 1890, and during its progress continued to work, and ate but little. In a very short time he noticed he was losing power in his hands, which soon atrophied. In January, 1891, he began to have difficulties of speech, and, briefly stated, the case went on until November, 1891, when he was first seen by me; his symptoms were those of well-marked bulbar paralysis, with progressive muscular atrophy, chiefly involving the upper extremities.

In accordance with analogy, we would expect the occasional occurrence both of nuclear polioencephalitis, and even rarely Strumpell's cortical polio-

encephalitis. One or two of the few cases of probable polioencephalitis of the latter type have occurred in patients suddenly stricken with fever, loss of appetite, and other symptoms which may have been due to infection.

Priester<sup>(1)</sup> has reported the case of a man fifty-four years old, who was taken with influenza in February, and in the beginning of March was seized with extremely violent headache which resisted all medication, and later the patient became deeply somnolent, remaining in this condition for four weeks; he could be aroused, but was apathetic and soon slept again. Reflexes and temperature were normal; pulse from 40 to 60. The patient had no paralytic symptoms, and slowly improved. His affection, according to the reports of the case, closely resembled Gerber's disease—paralyzing vertigo—although the latter is a disease of the warm weather. Tumor could be excluded by the absence of all focal symptoms a year before the attack. The most probable cause he believed was a pathological process, involving the central gray matter of the third ventricle, which would bring the disease into close relation with polioencephalitis of the nuclear type. Dr. G. J. Kaumheimer, who translated this report for the *Review of Insanity and Nervous Disease*, December, 1891, observed an exactly parallel case which originated in April, and lasted into July before recovery took place.

That meningitis, either cerebral, spinal, or cerebro-spinal, occurs during the decline of the influenza cannot be doubted in the light of the evidence which has been presented by various observers, and particularly during the epidemic of the last three years. It is, however, a comparatively rare concomitant or complication. Some of the facts adduced as proofs of the existence of meningitis, and some of the cases reported as examples of the disease are clearly instances of improper interpretation. The intense cephalalgia and rhachialgia; the atrocious pains variously

<sup>1</sup> Priester: *Wien. med. Woch.*, No. 27. In *American Review of Insanity and Nervous Disease*, December, 1891.

localized in the face, trunk, limb-nerves, muscles or joints; the vigilant delirium, with hallucinations and delusions, sometimes assuming great gravity; the intense vertigo, with or without nausea and vomiting—these and other well-known nervous manifestations which are so prominent in many cases at the initiation of the disease, are not necessarily evidences of meningitis, or even of meningeal hyperæmia. Rather they are due to an overwhelming toxæmia of the nerve centres and of the brain. Severe and terrible in character at first, they frequently pass away almost as rapidly as they came, which would not be the case if they were the evidences of a true meningitis. The enormous prostration which is left behind shows that the centres of nervous energy have been subjected to a depressing agency of great virulence, not that merely enveloping membranes composed mainly of fibrous tissue and blood-vessels have been congested or inflamed. No reason could be given why such congestion or inflammation should leave such results.

The reports of cases terminating fatally because of meningitis, and even the reports, personal or official, of the frequent occurrence of this affection, must be received cautiously, and sometimes incredulously. They are only to be relied on when confirmed by autopsies, or when from observers who are accustomed to closely differentiate the meaning of nervous symptoms, and particularly of pain.

It may also be worth while at this point to refer to the somewhat frequent diagnosis of chronic meningitis as one of the sequelæ of the disease. This diagnosis is usually made because of the presence of more or less persistent pain in or on the head. Experience has led me to believe that this pain is usually neuritic rather than meningeal. Even deep-seated intra-cranial pain does not necessarily indicate meningitis. They may be due to neuritis, just as certainly as a pain in the hand or foot. The fifth nerve has an immense distribution within as well as outside the cranium, largely to the dura mater but also to other tissues and parts. It is a pathological possibility to have dural

neuritis without a pachymeningitis, and this is the true explanation of some pains, both acute and chronic, which are present in other diseases as well as in influenza.

The form of meningitis most likely to be present in influenza is inflammation of the pia-arachnoid or soft membranes, now often designated lepto meningitis. From observations, corroborated by autopsies, I know that this affection may exist without pain while pain of varying degree of severity, and usually intense, is practically invariable in pachymeningitis. Lepto meningitis, however, is not usually without pain and hyperæsthesia as symptoms, but it may be absent, and its presence or absence will depend upon the location, extent, grade, and complications of the meningitis.

While believing that these criticisms upon the sometimes hasty, and the too frequent diagnosis of meningitis in influenza, and indeed in many other infectious and febrile diseases, are just and can be sustained, it remains true that a genuine meningitis, sometimes of malignant type, may appear during the progress or closely following influenza. Some very competent observers have reported cases of this character, and in a very few instances the diagnosis has been confirmed by autopsies. The diagnosis should be made to hinge upon the signs and symptoms which would be satisfying as to the occurrence of meningitis from any cause; not alone of the presence of such phenomena as headache, vertigo, and vomiting, but on such more convincing manifestation as optic neuritis, and localized spasm or palsies, either cortical or of cranial nerves.

The fact that meningitis, and even the cerebro-spinal form, does occasionally occur in influenza, is by no means proof that this disease and epidemic cerebro-spinal fever are identical. I simply emphasizes the point with which I started, namely, that every infectious or poisonous agent introduced into the economy may produce the same or similar pathological results in the nervous system. Largely according to the vulnerability, special or general

of certain tissues and organs, will be the preponderance of this or that form of so-called disease—for instance, of neuritis, myelitis, meningitis, cerebritis, or of combinations of these affections. All infectious and toxic diseases give neuritis as the most common acute or chronic inflammatory manifestation, although myelitis, cerebritis, and meningitis may occur. Even in cerebro-spinal fever, as I was perhaps the first to point out, multiple neuritis is a common complication; but the infection being virulent and overwhelming, we may not only have meningitis but even meningo-encephalitis, or meningo-myelitis, with all their malignant phenomena and permanently disastrous results.

Vertigo is another symptom, like pain, often improperly referred to meningeal or cerebral inflammation. It is sometimes due to such disease, but occurring in influenza it may arise from other causes, as, for instance, from extravasations into the labyrinth or other portions of the auditory apparatus.

Müller<sup>(1)</sup> reports the case of a man, fifty years old, who after influenza presented great physical exhaustion. In a few weeks his mind seemed affected and he became somnolent, so that he could be roused only with difficulty and would then fall asleep again. In this respect the case was much like the one reported by Priester. Pain upon pressure was present over the vertebræ, the neck was rigid, the pulse was small and irregular, the skin reflexes were diminished, and the tendon reflexes were absent. In two weeks he began to improve. The author believed the case was one of spinal cerebro-spinal meningitis, similar to that seen after infectious diseases.

Without entering into a discussion of their pathology or their peculiarities, I will briefly mention a few other forms of nervous disorder, occurring during or as apparent sequelæ of the influenza, examples of which have come under my personal observation. Convulsions have been reported by various

observers, and in a few instances the convulsive habit has been established, and the patients have remained up to the time of report as cases of epilepsy. I have seen two such cases. Hystero-epilepsy and other grave hysterical phenomena have been initiated, or have recurred in cases in which the symptoms had long been dormant. Of local spasmodic affections I have seen no records, but one case of persistent clonic torticollis, with some pain and tenderness in the spinal accessory distribution, has been in attendance at the Philadelphia clinic. Two cases of facial paralysis, occurring immediately upon the heels of influenza, have come under my observation.

Many affections not of, but occurring in, the nervous system have been reported as complications or sequences of the influenza. These include such affections as apoplexy, due either to hemorrhage, thrombosis, or embolism. One of my Polyclinic patients, a man thirty-seven years old, was attacked with influenza in January, 1890. He was not confined to bed, but suffered severely from headache, cough, and persistent general weakness, and in February he was suddenly paralyzed in the right half of his body, and completely aphasic. Well-marked cardiac murmurs were present, and the grippe in this and similar cases is probably causative by lighting up old endocardial trouble, or through the blood dyscrasia and general prostration which it leaves.

Various observers have reported cases of monoplegia and hemiplegia, without indicating the pathological character.

Recently, in consultation, I saw a typical hemorrhagic apoplexy occurring in a case of influenza in a woman about sixty years old, who had previously been in fair health, and was not known to have had any disease of the kidneys or heart, although her vessels were somewhat atheromatous. Dr. S. S. Prentiss,<sup>(1)</sup> of Washington, has reported three cases of cerebral apoplexy occurring during the progress of the influenza: one was in a man fifty-seven

<sup>1</sup> Müller: *Berlin klin. Woch.*, No. 37, 1890—cited in *American Journal of Insanity and Nervous Diseases*, December, 1891.

<sup>1</sup> Prentiss: *Medical News*, August 29, 1891.

years of age; another in a man of eighty-seven; a third in a woman of sixty-seven. One of these was probably hemorrhagic; the other two, from the histories, were probably from thrombosis. In cases of this character the infection of the disease acts to bring about an apoplexy both by the changes which it produces in the blood, by its effects upon cardiac action, and by the general debility induced. Such apoplexies might occur from other depressing causes; they are to be regarded not as phenomena, but rather as accidents of the epidemic.

Uræmic convulsions in patients suffering from chronic Bright's disease have been precipitated by the influenza, and it has seemed to me to have been active in lighting up lurking syphilitic diseases.

In one case of parietic dementia of somewhat irregular type, seen in consultation, the initial symptoms of the disorder were observed soon after recovery from a severe attack of grippe, the wife and friends of the patient in fact attributing the mental disorder to this attack. The probabilities are that syphilis was present, but latent, prior to the epidemic.

Purulent meningitis and brain abscesses have been somewhat frequently noted in connection with the numerous instances of purulent otitis media.

The relations of influenza to insanity have not received much attention from writers. Mairet,<sup>(1)</sup> of Montpellier, has recently published a lecture on the subject delivered at his clinic for mental and nervous diseases. Rush, who is referred to by Mairet, speaking of the epidemic which lasted from 1789 to 1791, and particularly of the year 1790, mentions that several persons were stricken with symptoms of insanity, and that one attempted suicide; he also speaks of several having had hallucinations of sight. Bonnet, reporting on the epidemic of 1837, cites one case which was stricken with a furious mania as the result of the grippe; and Petrequin, referring also to the same

epidemic, records several patients tormented by melancholy ideas, and states that four or five suicides were accomplished or attempted at the hospitals in Paris.

The following conclusions compress into small compass so much that is valuable, with reference to the relation between influenza and the psychoses, that I cannot do better than quote them. They are reported as the conclusions arrived at by Dr. Leledy, and were presented to the Medical Society of London by Dr. Savage:<sup>(1)</sup>

1. Influenza, like other febrile affections, may establish a psychopathy.
2. Insanity may develop at various periods of the attack.
3. Influenza may induce any form of insanity.
4. No specific symptoms are manifested.
5. The rôle of influenza in the causation of insanity is a variable one.
6. Influenza may be a predisposing or exciting cause.
7. In all cases there is some acquired or inherited predisposition.
8. The insanity is the result of altered brain nutrition, possibly toxic.
9. The onset of the insanity is often sudden, and bears no relation to the severity of the attack of influenza.
10. The curability depends on general rather than on special conditions.
11. The insane are less disposed to influenza than are the sane.
12. In rare instances, influenza has cured psychoses.
13. The insane may have mental remission during the influenza.
14. There is no special indication in treatment.
15. Influenza may lead to crimes and to medico-legal issues.

I can indorse from experience almost every one of these conclusions. With reference to the statement that no specific symptoms are manifested, it should be said that while this in a general sense is true, the most frequent type is a form of melancholia.

The cases of active insanity have

<sup>1</sup> Mairet: "Grippe et Aliénation Mentale." Montpellier and Paris, 1890.

<sup>1</sup> Savage: *LANCET*, No. 3558, and *Medical News*, January 16, 1892.

been observed at the onset of influenza and during its height, but more particularly during its period of decline and convalescence. The published cases have been recorded chiefly as instances of acute mania or melancholia. The commonest type of gripe mental disorder, as I have just stated, is a form of melancholia or lypemania; but as this not infrequently assumes the form of melancholia agitata, it is often regarded as mania by practitioners not accustomed to differentiate the varieties of insanity. These patients are intensely depressed and emotional; they are filled with apprehensions of disgrace and ruin; they believe that they will never recover their former health; they are suspicious and delusional with reference to those who surround them; they are frequently unwilling to eat, or to rest, or to take medicine; and in some cases they have definite delusions of terrible character, for the most part hypochondriacal or religious. They are frequently plagued with the thought of suicide, and sometimes make successful or unsuccessful suicidal attempts. They have been deprived by the ravages of the disease of mental and moral stamina. In the majority of these cases, but not in all, some hereditary or acquired predisposition is present. While, however, the gripe usually gives us mental disorder of special type—a form of delusional melancholia—under special conditions it may be the starting-point or exciting cause of any variety of mental disorder, as mania, paranoia, parietic dementia, hebephrenia, etc., but I can no more than glance at this phase of the subject.

The investigations of Church show that in each year in Cook County, Illinois, the epidemic of influenza has been attended by an increase in the number of proceedings for the commitment of the insane, which he believes cannot be explained by increase or movement of the population of the county.

Of the influenza occurring in hospitals for the insane, I have had no opportunity for observation except in connection with the insane department of the Philadelphia Hospital. A great

disproportion has been observed between the number of cases occurring among the women and the men. One hundred cases are recorded as having occurred among 460 female patients; and only three in a larger number of men. The disease did not prove particularly disastrous among these patients, only three deaths having occurred from pulmonary complications. The cases were, as a rule, not of severe type; less severe than in an equal number of sane patients.

K. Helweg<sup>(1)</sup> has recorded the results and action of influenza in the Asylum at Aarhus, Denmark, and Pritchard has translated and summarized this paper for the *Review of Insanity and Nervous Disease*, for December, 1891. The account is of such interest that I will give it in detail: "The disease appeared in the asylum January 4, a few weeks after it had first been observed in the neighborhood. Out of 520 insane forty-one were so severely attacked that they were confined to their beds. The disease seemed decidedly contagious. It spread with difficulty on account of the wards being divided from another. Eight of the twenty-five wards were spared altogether. When a ward would be invaded, the disease would rapidly run its course to proceed to another. The transmission of the contagion could be distinctly seen in the sick wards, where those stricken down in the other wards would bring the disease with them and transmit it to patients there. Seven patients had pneumonia. A relatively large percentage (6) died, of which four were from pneumonia. Among these was a man with such a severe cerebral disease that he must be excluded (the post-mortem results in the remaining five, which were women, were all more or less similar). The most essential results were extreme hyperæmia of the cranial bones and membranes, where the dura and the brain mass itself twice presented fresh and strongly vascular pseudo-membranes with small hemorrhages as well. The veins and arteries of the thinner

<sup>1</sup> Helweg: *Hosp. Tidende*, R. 3, Bd. viii, S. 729.

cerebral membranes were filled to bursting with blood; the large basal arteries were so filled with coagula that they stood out like cords, or those of an injected specimen. The brain substance itself was very hyperæmic, and its consistence increased. The average weight of these brains was about the ordinary of those of Aarhus. The writer also gives the history of the man mentioned, and those of the three other cases where influenza could not be diagnosticated during life, including the post-mortem findings of a case of influenza in a (sane) nurse who died of pneumonia. Here also was great hyperæmia of the brain and its membranes, yet not so pronounced as in the insane cases. The writer has seen influenza accompanied by severe psychic symptoms. In a few cases, the condition resembled acute delirium, which, however, is transient, and seems easily controlled by antifebrin. On the contrary, in two hopeless cases of insanity the disease had such a favorable and curative action that they may be regarded as cured. In both cases there was pneumonia."

The epidemic influenza has impaired the *morale* of the community. Lack of spirit in work, and an apprehensiveness with reference to health, business, and all matters of personal interest are abnormally prevalent. The hysterical have become more hysterical; the neurasthenical more neurasthenic. Hypochondria has displaced hopefulness in individuals commonly possessed of courage and fortitude. In brief, certain neuropathic and psychopathic features have been impressed upon the community. We cannot afford even to dismiss entirely from consideration the bearings of the epidemic upon the increase not only of suicides, but of other grave crimes.

Many interesting questions in connection with treatment might be discussed; but as the subject of treatment has been assigned in this discussion to Dr. Hare, I will only speak of one point.

The use in influenza of hypnotics, narcotics, sedatives, and motor depressants is a question of particular interest in connection with the study of the

nervous and mental phenomena of the disorder. The views of practitioners and writers are here decidedly at variance. Serious mental and nervous complications or actual insanities occurring during influenza have been attributed to the too free use of such chemically powerful remedies, as phenacetin, antipyrine, antifebrin, chloral, bromides, sulfonal, and paraldehyde, and our older narcotics such as opium, hyoscyamus, conium, and cannabis indica, have also come in for a share of blame. Persisting conditions of nervous prostration, and chronic respiratory and cardiac neuroses, have also been charged to drugs. Undoubtedly such criticisms have some foundation, but it remains true that each of the remedies named has proved itself of some value in the treatment of influenza, and particularly of its nervous types. The enormous consumption of a drug like antipyrine is a practical argument both for and against its use. What Grasset has said of this remedy might with almost equal truth be said of almost any of the rest. "This agent," he says, "vaunted by some as a panacea against all manifestations of the disease, is considered by others a remedy absurd and irrational in all cases. The truth would seem to reside between these two extreme opinions."

#### TETANUS CURED WITH THE TETANUS ANTITOXINE.

In the *Centralblatt für Bakteriologie und Parasitenkunde* for December 22, Dr. Rudolf Schwarz, assistant at the surgical clinic at Padua, gives the history of a case of traumatic tetanus, in a boy fifteen years' old, cured by injections of the *antitossina del tetano* prepared by Tizzoni and Cattani from the blood serum of animals rendered proof against tetanus. He refers to another case treated by Gagliardi and, in a postscript, to two others treated by Pacini and Nicoladoni respectively. Tizzoni and Cattani's process is not given by Dr. Schwarz, but it is probably to be found described in their contributions to the *Riforma medica* during the year 1891.—*N. Y. Med. Jour.*, January 16, 1892.



## Society Reports.

### ACADEMY OF MEDICINE.

#### OFFICIAL REPORT.

*Meeting of December 21, 1891.*

The President, GILES S. MITCHELL,  
M.D., in the Chair.

T. V. FITZPATRICK, M.D., Secretary.

Dr. T. CARROLL read a paper on

*Congenital Equino-Varus*  
(see p. 133).

#### DISCUSSION.

Dr. S. P. KRAMER:

A method especially to be recommended on account of its simplicity in the treatment of talipes, is the method known as the Koenig method. It consists of bending the feet into place over the edge of a board, the board having been previously covered with a towel. The feet are then held in proper position with a starch bandage. This method has the advantage of doing away with wearing cumbersome appliances. It is more especially applicable in young children, and yields very excellent results.

Dr. GUSTAV ZINKE:

The obstetrician is often to be blamed for the permanency of the deformity in these cases. Those which have come under my observation, three well marked cases, were all permanently corrected by the application of a roller bandage alone. This method, in my opinion, is superior to plaster-of-paris. The roller bandage, if properly applied, answers the purpose, and is easily removed. The eczema produced by the adhesive plaster is a serious objection to its use. The success of the roller-bandage treatment depends upon the accuracy of its application. The treatment by this method should be begun immediately after birth.

Dr. W. B. WEAVER:

I would like to call attention to an old and successful method of treating these cases. Place the foot as near the normal position as possible. Take a strip of mole-skin plaster (the ordinary

rubber adhesive plaster is too irritating) one-half to three-quarter of an inch wide and as long as necessary for the given case. Fix one end to the plantar surface near the external margin of the foot; carry it around the outer border over the dorsum and under the sole to the point of beginning; bring it upward and fasten it the leg as far as the knee. It can be readjusted with ease, and allows of massage.

Dr. S. P. KRAMER:

A dressing that is easily removed is what you do not want. The dressing should be firm enough to hold the part in the proper position at all times during the treatment.

Dr. A. W. JOHNSTONE:

I have seen a great deal of club-foot. I must disagree with the last speaker, for perfect fixation of the limb produces atrophy of the muscles, whilst even a slight motion will prevent such a result. The law in orthopedics everywhere is against fixation of the muscles. The healthy development of the muscles is essential to recovery.

Dr. GUSTAV ZINKE:

In the cases treated by me, the deformity was complete, the success of the treatment perfect, no other treatment than the roller bandage being employed. If the bandage is "kicked off" by the child, as mentioned by one of the speakers, the fault lies with him who applied the same.

Dr. CARROLL:

My experience with the roller bandage is that it will slip and allow the foot to turn in. In the first month the plaster-of-paris will, if not applied to the skin, be kicked loose. With the rubber muscles the faulty condition of the foot will be corrected and the muscles strengthened.

### CELLULOID SUBSTITUTE FOR BONE.

Billroth and other German surgeons report success in the use of celluloid to replace portions of the skull which had been loosened by injury necessitating their removal. When the operation is done aseptically, suppuration does not occur.

## Translations.

### PARISIAN MEDICAL CHIT-CHAT.

Translated from the *Journal de Medecine de Paris*,

By T. C. M.

*Insanity of Gui de Manpassant.*—*Hyperæsthesia of Literary Men.*—*The Artist Gill upon a Plate of Gold.*—*Two Siamese Literary Brothers.*—*General Paralysis and Its Victims.*—*The Drinking Victim of Bohemia.*—*Baudelaire Aphasia.*—*The Tea-Pot of Salomon de Caus.*

True or false, the news has caused much emotion. Insanity has overcome an illustrious victim. Manpassant, the exquisite story teller, the master workman of French literature, whose robustness of style seemed to indicate perfect physical vigor, has paid his debt to the Minotaur. Is it the inevitable punishment of those who pursue literature for a living to land finally in the asylum or dungeon? What mysterious force is there that takes pleasure in burning out the brains of men of grand ideas, polishers of phrase, setters of jeweled words? Is it to free from their mental rags those who love the ideal? They who forget that the brain crumbles from usury, that those who live by idea are condemned by it to die, as if the angel must burn its wings when it too nearly approaches the divine flame? Must we say that literature has the sad and exclusive privilege of bestowing on its worshippers the attributes of dementia? Inventors, men of science, litterateurs and politicians, are not they its martyrs? Without doubt all those who pursue chimeras are fatally doomed, but do not men of letters appear to first decay at the head? Is not the insanity of such men due to unsatiated conditions, unsatisfied day dreams, caressed so fondly but so rarely realized?

That which exhausts them, is the unhealthy occupation of pictural word painting, the too patient pursuit of the rhythm of phrase; the appetite, so to

speak, for individuality. To be virginal, to be *sui generis*, is the torment of these cultured spirits, hungry for personal sensations, or, as is affirmed, where there is hyperæsthesia of the affective sense, but where the intellect is scattering becoming disintegrated. They dream, during long years of constant intellectual labor, that the day will come when they shall find time to rest, and know that incessant work destroys one. To destroy, but confine one's decadence to the last moment! How noble is their work! Ah! the prestige of a great name and the charms of glory! Unpitiable condition marks them with its brand. So there remains the right to be forgotten, at least. The deserters from the battle of fame have their names scratched from the list. All the glories of the past cannot save them. Is it astonishing, then, that these poor victims will not resign themselves to the inevitable? that when the shipwreck of reason arrives they struggle desperately for some life-saving plank? There are those who by judicious care and hygienic surroundings are almost cured, up to the time when they once more fall into a state of mental lassitude under the cruel claws of dementia.

\* \* \*

Who does not remember Gill, who resumed his artistic work after some months' confinement in an asylum? He who sent to the *salon* a wonderful picture representing a maniac standing in the corner of an asylum dungeon—a horrible bit of realism, but symptomatic of his coming relapse. Did he not feel his madness coming on when he had the idea of painting himself? Yet his portrait of his own head placed, like John the Baptist, upon a painted plate of gold, was offered to the public. Could not megalomania be read across this mirror by the reflection of the metal?

On another occasion, in collaboration with Richepan, he presented a drama to the stage called "*L'Étoile*." The part of an insane person in this play was composed with a conscientiousness and precision that any alienist might well envy. Was it possible to push further the culture of his art? The psychological and physiological analysis

was that of *his own case*. Yet Gill was marked for the fatal mental fall in advance. He was born of an ancestry which had often evidenced cerebral disorders. He had an asymetric brain. General paralysis threatened him from the day of his birth. But he was seized suddenly in the full activity of life without even a warning of precursory symptoms.

At times insanity is epidemic in the world of letters. Yesterday it was Jean Laroche, author of "*Des Voluptueuses*," a *chef d'œuvre* worthy of antiquity. Then there was Jehan Valter and Adolphe Racot, two authors of journalistic temperament, and the dramatic writer Alfred Heunequin, one of the most talented spirits of modern times; among the distinguished of the second order, Adrian Huart, son of the founder of "*Charavari*," who was a very successful novel writer. Then there was Vast, the associate of Ricouard, his antithesis. Vast-Ricouard, comrades in arms and in literature, whom death so brutally separated. Vast, inconsolable at the loss of his dearest friend, went insane, even as such a madman as Charles Bataille, who tried to burn a cherished child alive. Insane, also, was that unfortunate poet, who, in his first volume, wrote the prophetic strophe:

"Joyous children of Boheme,  
Let us laugh and merry sing,  
To the friends who us will bring  
At the final hour supreme  
To our hospital bed.  
When we, one and all,  
Answer to Insanity's call—  
Men without a head.

Poor Bataille! he was one of the most assiduous of the attendants at that "Brewery of Martyrs," which our generation hears vaguely mentioned. "How many have left us forever? how many, alas! fallen in the summer of full manhood, attacked by insanity? What curse rested upon them?" cried their historian. Can we count the number that Piepus and Charenton have seized and confined, and how many Pere-Leclaire and Montmarte have buried? Many are the forgotten, without doubt, among the number. Such were Armand

Barthet, the charming author of "*Moin-care de Gerbie*," and the Vicompte Guyot de Montpayroux, freshly arrived from beautiful Auvergne, only to become insane in Paris. He commenced to become insane by pretending to write with three pens at once. It was an innocent mania, but one day he boldly proclaimed that he had purchased Alsace and Lorraine from Prince Bismarck for 200,000,000,000 francs. His malady was without remedy. At the tables of this same drinking-palace, this so-called "Brewery of Martyrs," was often seated Jean du Boyo who survived by himself for so long, with Alcide Morin, the cabbalist, the sorcerer of modern times, who, to have believed in his talk, had discovered perpetual motion. There, too, was Brocart du Menry, who died at La Charite in a straight-jacket, and the great art critic, Pelloquet, who finished by brain softening.

Far, far above the names of all these, was the magnificent genius, a literary star of the first magnitude, a star whose light shines among others like a planet among Pleiades. It was only in 1865, and it was Baudelaire. He lost the use of his limbs and his speech. He passed entire days motionless, with closed eyes, having lost the memory of the words he once delighted to charm with. "Believe me!" were the only syllables that he could articulate. The evening before his death, relates his historian, he was seated in the garden of the lunatic asylum on the Place d' Eylau. His old friend, the distinguished Nadar, was visiting him, when, for a seconds, Baudelaire seemed to perfectly recover his reason. It was superb weather, one of those beautiful June days, bathed in sunlight and redolent with flowery perfumes. With eyes burning with enthusiasm, and lips half parted in a sweet smile, the poet looked at his friend, and by some marvellous recovery of his physical faculties, raised his paralyzed finger towards Heaven and uttered three distinct words: "Believe *beautiful* God!" These were the last he uttered.

How sadly comes the end, whether the victim owes it to heredity or mental overwork. When the human machine is overcharged it breaks, resembling the tea-kettle of Salomon de Caus, embalmed in verse by that other lunatic, Edmond Dalpret:

"The tea-pot hissing boils,  
My head with ideas toils.  
Ideas that bubbling desire,  
To escape the brain's hot fire.  
My pot? Know you it did  
But blow off its heated lid?"

## THERAPEUTIC NOTES

FROM FRENCH, GERMAN, ITALIAN AND  
DANISH JOURNALS.

TRANSLATED BY  
F. H. PRITCHARD, M.D.,  
NORWALK, O.

### PYOCTANINE IN THE TREATMENT OF MALIGNANT TUMORS.

Dr. Camillo Lodigiani, of Parma, Italy (*La Riforma Medica*, No. 179, 1891), has used this antiseptic in the treatment of four cases of malignant growths as follows:

1. Man, aged fifty-two, peasant, sarcoma of the left upper maxilla; intraparenchymatous injections of pyoctanine (1:300), given every two or three days, two grammes (thirty minims) of the solution. Growth of the tumor arrested for a few days. Patient tired of treatment and went home.

2. Peasant, aged thirty-six years, epithelial ulcer of the lower eyelid and left cheek. Its growth was simply arrested (by local application of the solution).

3. Servant, fifty-eight years old, recurrent ulcerating mammary epithelioma, the size of a two-cent piece. Of no influence, as the disease spread rapidly (local application of the solution).

4. Woman, forty-three years of age, recurrent and ulcerating mammary epithelioma; injections of pyoctanine. The growth of the tumor was arrested, and has lost much of its malignancy.

Neudörfer (*La Riforma Medica*, p. 341, 1891) obtained slight improve-

ment in three mild cases of carcinoma (1 to 2 per cent. solution, or as a powder, 1 to 2 per cent. mixed with talc).

Galezowski (*La Riforma Medica*, p. 341, 1891) has cured in three months two cases of epithelioma of the eyelids (1 per cent. solution applied five or six times a day).

Willy Meyer (*Med. Record*, April 25, 1891) has treated three cases of epithelioma with success.

Dr. Mario Belloti (*La Riforma Medica*, p. 339, 1881) has treated two cases of epithelioma:

1. Extensive ulcerated epithelioma of the right upper jaw in a man of fifty-six years. Pyoctanine in solution (1 per cent.) and in collodion (1:30). Much improved in general condition. Margins of the ulcer less indurated, its base looks better, and its growth arrested.

2. Epithelioma of the lip in a peasant of seventy-five years. Growth arrested and appearance of the ulcer improved.

Fuchsine has also been tried in the treatment of malignant growths (see LANCET-CLINIC, October 10, 1891, p. 499).

### TREATMENT OF PAIN.

Prof. Hayem (*Le Bulletin médical*, No. 93, 1891) presents the following measures to combat pain:

*Morphine* subcutaneously if the pain is terrific—hepatic and renal colic. Always give morphine if called to a patient with severe pain, and then look over the field. In gall-stone and renal colic warm baths are useful adjuncts, together with sedative local applications. Cocaine and antipyrin are also efficacious, but inferior to morphine.

*Quinine*, *aconitine*, *acetanilid* and *exalgine* are of service in trigeminal neuralgiæ.

*Quinine* is useful when the pains come on at regular intervals; it may be associated with other nervines or aconitine. Quinine can be continued for a long time, and is really curative.

*Aconitine* is limited to the treatment of facial neuralgia where the attack is

grave and epileptiform. The nitrate of the drug, increasing by one-quarter milligrammes, may be given.

*Acetanilid* and *exalgine* yield good but transient results.

In neuralgias of the trunk and extremities local applications are useful—chloride of methyl spray, chloroform and other means of producing cold, are much recommended. Wet cupping is of great service when the condition is of congestive origin.

Where a sedative action is desired, opium and its salts are the best means. Morphine is most frequently employed, and as follows:

#### *Glycerole:*

℞ Glycerol. amyl, gms. 60 (fl. ℥ij).  
Morphin. muriat., gms. 1 (grs. xv).

#### *Collodion:*

℞ Collodi elastic, . gms. 30 (fl. ℥j).  
Morphine mur., gms. 1 (grs. xv).

#### *Sedative Application:*

℞ Opii (sen) morphine, in sol. ichthyol (30 per cent.).  
Spread upon oiled silk and applied locally.

#### *Tincture of Iodine and Morphine:*

℞ Morphin. sulphat., gms. 2 (grs. xxx).  
Tinct. iodii, . gms. 30 (fl. ℥iv).

The various Solanaceæ—belladonna, hyoscyamus, etc.—have a local sedative action. The tincture and extract of belladonna deserve most confidence. Again, there are also camphor, menthol, hemlock and the preparations of hydrocyanic acid. Veratrine, applied locally, in certain cases, is of real benefit. The following salve may be used locally:

℞ Adipis, . gms. 8 (℥ij).  
Veratrin., dgms. 10–20 (grs. jss–iij).

Carbonic acid gas has a calmative influence, which may be easily employed. In certain bathing resorts uterine douches of carbonic acid gas are used, with evidently calmative effect.

All toxic agents should be used topically with care, as they are easily absorbed and may produce serious consequences. The endermic method is of limited service, and only recommendable in certain cases. The subcutaneous method is of great service, but if morphine be used there is danger of bringing about morphino-mania. Hence

search is constantly being made for some substitute; antipyrin is the nearest found yet. Theine is proposed by Prof. Hayem as a succedaneum, and recommended in the following formula:

℞ Thein., } aa gm. 1 (grs. xv).  
Sodii benzoat., }  
Sodii chlorid., cgms. 5 (gr. j).  
Aq. destillat., gms. 10 (fl. ℥ijss).

A syringeful represents three centigrammes of theine; this dose may be repeated several times a day.

In migraine one may employ antipyrin and phenacetin; these may be given at the beginning of the attack. These should not be employed where the headache originates from the digestive tract.

In the gastric crises of tabes dorsalis, antipyrin, cocaine and acetanilid may be tried. The opium preparations, either alone or associated with cocaine, are useful in painful neuroses of the digestive tract. The rheumatic neuralgias are combated by means of quinine and the salicylate of sodium. Finally, in symptomatic neuralgias, neuritis, compression of the nerves, etc., the best results are obtained with antipyrin and acetanilid.

#### THE TREATMENT OF INOPERABLE UTERINE CARCINOMATA BY THE CHLORIDE OF ZINC PASTE.

Dr. Haeberlin (*Ugeskrift for Læger*, Nos. 19 and 20, 1891) treats his cases of inoperable carcinoma uteri by a paste of equal parts of chloride of zinc and flour, with water enough to form a thick paste. This he applies, by means of a tampon, to the carcinomatous spot, and with gauze packed into the vagina this tampon is held in place. The pains are controlled by morphine; the tampon is removed every day, the vagina irrigated and the paste renewed. In six to eight days a thick eschar forms, which, cast off, leaves fresh granulations; the hemorrhage and putrid discharge cease. If much cancerous tissue be present he first removes it by theurette or finger.

[A German writer, Bachmayer, obtained a remarkable improvement in an inoperable case of carcinoma uteri by

injections into the cancerous mass of pyocanaine by means of a syringe armed with a very long needle, made for the purpose. The hemorrhage ceased, the cachexia disappeared to a great degree, and the formerly bed-ridden woman could, in the course of several weeks, be up and do light house-work. — TRANSL.]

#### TREATMENT OF BUBOES BY INJECTION OF IODOFORMIZED VASELINE.

Dr. Le Jollec (*La Semaine médicale*, No. 55, 1891), a physician in the French navy, has treated several cases of buboes with success by the injection of a 5 to 10 per cent. solution of iodoformized vaseline into the bubo.

#### DISINFECTANT INTRA-UTERINE INJECTION.

Dr. Ter-Grigorianz (*La Semaine médicale*, No. 59, 1891) praises the following:

Sublimat. corrosiv.,	cgms.	10 (gr. 1-6th).
Acid carbolic,	gms.	20 (3v).
Acid boric,	gms.	40 (3jss).
Acid salicylic,	gms.	5 (3jss).
Zinci chlorid.,	gms.	10 (3ijss).
Aq. destillat.,	gms.	2000 (O iv).

#### CAMPBOR AND ACETANILID IN PNEUMONIA.

Dr. Chennintzeff (*Lo Sperimentale*, No. 21, 1891) has found the following of great service in pneumonia:

Acetanilid,	dgms.	3 (grs. v).
Camphoræ,	dgms.	15 (grs. xxij).

Sufficient for one capsule; prescribe ten such capsules and one every fourth hour.

#### OZÆNA.

Dr. Ledlo (*Lo Sperimentale*, No. 21, 1891) recommends the following:

Potass. chlorid.,	gms.	6 (3jss).
Glycerin.,	gms.	30 (fl. 3j).
Aq. destillat.,	gms.	300 (fl. 3ixss).

Inject into the nose several times a day. Introduce, besides, a pledget of cotton into the nostrils which has been dipped into a solution of glycerine one part to water three parts, and allow it to remain there several hours.

SUBSCRIPTIONS TO LANCET-CLINIC may commence at any date.

## THE CINCINNATI LANCET-CLINIC.

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A. B. RICHARDSON, M.D.

J. C. OLIVER, M.D.

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Cincinnati, January 30, 1892.

### Editorial.

#### MEDICAL CHARITY.

The proper method for the relief of want and suffering induced by poverty has been, and still is, a question requiring more than a superficial glance for its solution. Experience has demonstrated the fact that the relief of poverty by direct gift of money is a pernicious and evil system, for it is rarely that money thus donated is put to the proper use. The gifts of the necessities of life has given rise to more or less deception, beside having taken away the stimulus to labor; and thus the object of the charity has been perverted. Were we to supply every poor person or family with the necessities of life many would never make any effort to assist or maintain themselves; consequently the number of paupers would be largely increased.

The result of comprehensive and broad laws for the relief of the poor has always been to increase the number

of paupers in a district. The poor laws adopted during the reign of Queen Elizabeth came near bankrupting the commonwealth, and pauperism and crime increased in proportion to the generosity of alms.

During the early years of Elizabeth's reign the civil power was invoked to compel people, *volens volens*, to give of their abundance for the support of the poor. The bishop was directed "to bind all obstinate persons by recognition to appear at the next sessions; and then, the charitable and gentle persuasions of the justices failing, the latter could tax the obstinate person in a weekly sum according to good discretion, and in default commit him to jail until payment." This measure partook of petty tyranny, and, so to speak, crammed charity down the throats of all. The next turn of the legislative wheel brought about the following: "Persons above fourteen and being rogues, vagabonds, or sturdy beggars, and taken begging in every part of this realm, or taken vagrant, wandering, or misordering themselves, were, upon their apprehension, to be committed to prison to the next sessions or jail delivery without bail, and on conviction shall be adjudged to be grievously whipped, and burned through the gristle of the right ear with a hot iron of the compass of an inch about, manifesting his or her roughish kind of life and his or her punishment received for the same."

What we have just quoted shows the common rule: the pendulum swings first to one extreme and then to the other, each extreme being fraught with but little good or permanent results.

In 1890 a writer upon this subject said: "The number of paupers of all classes now in receipt of relief in England and Wales approaches 800,-

000, equivalent to a thirty-fourth part of the entire population, and relieved at a yearly cost of considerably more than £8,000,000 (\$40,000,000), representing a charge of between six and seven shillings per head of the estimated population."

These are the figures for Great Britain, and are probably higher than those for the United States, but even in this country the amount expended is enormous.

Where the number of indigent persons and the amount spent for charity is so large the amount of medical charity is in proportion, and physicians contribute liberally both of their time and means. No doubt can be entertained but what a fair proportion of the work (medical) done under the guise of charity is a misdirected and harmful effort. There seems to be a popular impression that public charities are for the use and benefit of all classes of the population, and it will require a great amount of education and determination to convince to the contrary.

Let us take cases which occur every day: A mechanic, receiving good wages and having money laid away, is injured. The patrol-wagon is called and hastens with him to the city (charity)-hospital; here he receives medical attendance, food, shelter, and every attention for nothing. When he leaves the institution he has no bill to pay. He has posed as an object of charity.

Is it for this class of cases that the public allows itself to be taxed for the support of hospitals, infirmaries, etc.? We believe this to be a perversion of charity and an injustice to all concerned. Such a case is by no means uncommon. Charity is wrongly applied, the physician is cheated, and the patient himself is rendered less independent, and the

whole proceeding is fraught with pernicious results.

A conservative estimate of the number of cases treated in the dispensaries of this city would be 40,000 per year. In other words, one-seventh of our population receive free medical treatment from the colleges, while a like number are certainly cared for by the hospitals, infirmaries, etc. We do not feel that we overestimate when we put the total number who receive their medical attention for nothing at 100,000—one-third of the entire population.

The number who receive medical charity is much greater than those who receive charity in other forms, in fact, at least one-half are able to pay for services rendered, and would do so were not the dispensaries, hospitals, etc., so anxious for patients that they offer inducements to patients to come and partake freely of their bounty.

When we take a common-sense view of the question we cannot fail to see that the entire loss entailed by this system falls directly upon the physicians. An old maxim says: "You must first be just before you can be generous." Is the present system just to those of our profession who are striving to make an honest living, but whose lines were not cast among the wealthy and aristocratic?

It seems to us that this subject should attract more attention from the medical profession than it does. Perhaps it is of too practical and common a nature, but nevertheless we must arrange this matter, and that soon, lest the excess of charity (?) shall compel physicians to become partakers, not dispensers of charity.

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SALICYLIC acid is said to cause a marked diminution in virile power.—*N. Y. Med. Record.*

## SEXUAL PERVERSION.

The general public were shocked, a few days ago, by an account in the newspapers of the murder of a young girl by her most intimate friend. The question naturally arises, what was the motive? As physicians we are not, of course, attracted by the sensational side of the case, but we should be by its scientific aspect. The facts in the case, to be gained from the papers, are, that the two girls were very intimate; the one who committed the deed desired to marry the other one, and was insoluble because separated from her.

In studying the case from these meager facts, it seems to us that it is undoubtedly a case of sexual perversion. Most of the facts, or rather a correct appreciation of them, have been elaborated chiefly by von Krafft-Ebbing, professor in the Vienna University. In his two books on this subject, one published in 1888 (third edition) and the second within the year, the subject is fully discussed in its different phases. A further work by Moll, of Berlin, just published, gives new and interesting facts.

Sexual perversion, occurring in both sexes, von Krafft-Ebbing divides into congenital and acquired. The former variety consists of those who early in life begin to be attracted by those of their own sex and by the habits and occupations as well as by the amusements of the opposite sex. The sexual life of these individuals usually begins early and is abnormally developed. The sexual feeling for members of the opposite sex varies from absolute indifference to positive disgust and abhorrence. This feeling for members of their own sex is usually largely developed, and takes the place of the normal sexual feeling toward the other sex. In



this case the woman feels as a man to the object of her love; she is best pleased when acting as a man, dressed in men's clothes; is fond of men's pursuits and looks with contempt on all womanly actions, and in any performance of the sexual act, per linguam or otherwise, acts as the man. The man, on the other hand, is usually effeminate and attracted by women's pursuits, delights to array himself in her clothing, likes cooking, sewing, etc., and in any performance of the sexual act is passive, i.e., acts as the woman.

The degree of this perverse feeling may, of course, vary from merely a slight attraction to a passionate frenzy, leading to the most disgraceful and disgusting acts. In the more passionate form of the condition jealousy is a prominent symptom, and this may be so great that on separation from the loved one the person becomes so frenzied that suicide or murder seems the only way to escape from the maelstrom of love and passion. These persons may be perfectly normal in other respects, both mental and physical, but are more frequently neurasthenic, the condition often ending in insanity. Frequently parents or brothers and sisters show signs of nervous disturbances and irregularities. The sufferers are frequently slaves to masturbation, either practiced alone or mutually with the loved object, and in the male sex pæderasty is not infrequent, the affected person usually playing the passive part. Contact in these cases is not always necessary for sexual gratification; the mere sight of certain portions of the body of the loved one, or handling certain articles of clothing such as handkerchiefs, gloves, shoes, etc., is sufficient to produce satisfaction and ejaculation. Moll states that he knows of 300 or 400 of these unfortunates in Berlin, and has heard of

100 to 200 more, and places the total number even higher than this. He states that there are certain localities and restaurants in Berlin where they have their headquarters, and reports the same custom as existing in Paris. The acquired condition occurs more rarely and is secondary in character, as the result of cerebral hemorrhage, syphilis, dementia paralytica, etc.

We have been led into a more or less general discussion of this condition in the belief that it would prove interesting to our readers, and express the hope that our medical brethren will do all they can to aid in the further development of this obscure, but interesting subject.

W. L. M.

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#### THE SECRETARY OF PUBLIC HEALTH.

We print this week, by permission, the following letter received from John W. Noble, Secretary of the Interior. It is indicative of the interest felt in the movement and shows that those in authority are in sympathy with the movement:

DEPARTMENT OF INTERIOR, }  
WASHINGTON. }

JANUARY 13, 1892.

*My Dear Doctor:*

I think well of the purpose of your Association to establish a Department of Public Health. The Bureau of Agriculture has grown to be a department whose Secretary is a cabinet officer, and the last President's message declares it to have proved the necessity for its existence.

The Bureau of Education, under Dr. Harris, is rising in public esteem constantly. I send you the last report of the Commissioner.

That the public health rivals either of these, or others that could be named, in importance to the public welfare and the people's safety, no intelligent person can dispute.

Individual effort has done wonders in detecting the sources of danger to communities, and the discussion of such discoveries has interested every household. But liberal as the medical profession is and has, in our country, proved itself at all times to be, it is not fair or politic for us to leave it unsupported and nationally unrecognized. The international communication of intelligence that would follow the organization of a Bureau of Public Health would not only preserve our own inhabitants from many physical ills, but would greatly serve to strengthen the sympathy between all civilized peoples, who would correspond and coöperate with us. They would feel the same beneficent influences of the system we would realize.

The subject is worthy of statesman-like treatment, and should not longer be subordinated to our other material interests. What will not a nation, as well as a man, "give in exchange for life?"

You and your associates have my most earnest sympathy, and if I can, I will aid you. I remain, sincerely yours,  
JOHN W. NOBLE.

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#### EDITORIAL NOTES.

WE learn from an exchange that ether drinking is becoming fashionable in Paris, where it is taken with brandy, half and half.

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AN exchange credits an undertaker with displaying the following advertisement: "You kick the bucket, and we do the rest."

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THE *Journal of the American Medical Association* appears somewhat more elongated than previously. It apparently feels as big as some New York journals we might mention.

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OUR esteemed friend Dr. Wm. H. Wilder, late of Cincinnati, has located at 4331 Berkley Avenue, and has an

office at 70 State Street, Chicago. We are sorry to lose him, but we try to help our sister cities along by sending them good men. We feel assured of the Doctor's success in his new home.

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THE January number of the *Southern Medical Record* announces that Drs. Nicolson and Stockson have retired from the editorship of the journal, and their places have been filled by Drs. J. McFadden Gaston and Willis F. Westmoreland. We extend greetings to the new editors, and wish them a full measure of success.

---

THE counterpart of a case which occurred in this vicinity in which pneumonia was treated by "faith," with a fatal result, has been reported from Aspen, Colorado. In the latter case a physician was in attendance, but his remedies were not given. This class of cases ought to furnish a good picture of the *natural* history of disease.

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WE feel that it is not at all out of place to call attention in these columns to the fact that the Young Men's Christian Association's gymnasium is under the control of a regularly educated physician who has made physical culture his life work. We have met Dr. Halstead, and can confidently recommend the placing of delicate boys under his care for the purpose of physical development.

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A most deplorable accident was the destruction by fire of the Indianapolis Surgical Institute a few days ago, with the death of eighteen of the helpless and inmates the injury of several others.

Whatever we may think of the work done at the institute, we cannot but be moved with pity for the poor unfortunate inmates that were condemned in their

helplessness to so horrible a fate. It seems that there were about three hundred patients in the buildings, and it is marvelous that more did not perish.

DR. GEO. W. RYAN met with a painful accident last week. In entering his office he slipped and fell, sustaining a Pott's fracture. The Doctor is sojourning at present in the Betts Street Hospital, where we are sure he will be pleased to see his friends. The Doctor's well-known reputation for good-humor and joviality ought to be of service to him in rendering his confinement endurable. We hope everything will go well with him, and that he will soon return to his accustomed place.

#### LOCAL SOCIETY NOTICES.

##### CINCINNATI MEDICAL SOCIETY.—

Tuesday evening, February 2, DR. E. S. RICKETTS will present some pathological specimens.

DR. B. M. RICKETTS will report "One Hundred and Fifty Circumcisions, with the Lessons they Teach."

DR. J. A. THOMPSON will read a paper on the "Local Treatment of Laryngeal Lesions in Tuberculosis."

THE Obstetrical Society, at its annual meeting, elected officers as follows:

President, Dr. Byron Stanton; Vice-President, Dr. Gustav Zinke; Secretary, Dr. E. S. McKee; Corresponding Secretary, Dr. C. A. L. Reed; Treasurer and Librarian, Dr. Geo. E. Jones.

On motion of Dr. Giles S. Mitchell, the Society decided to banquet on the evening of January 28. The next regular meeting will be held at the residence of the retiring President, Dr. E. W. Mitchell, on the second Thursday in February, 1892.

**BINDING.**—Preserve your files of the LANCET-CLINIC and make a convenient library of reference by sending your unbound volumes to this office. Any style of binding desired, at uniformly low prices.

## Selections.

### THE INFLUENZA BACILLUS.(1)

[From the *British Medical Journal*,  
January 16, 1892.]

#### I.—PRELIMINARY COMMUNICATION ON THE EXCITING CAUSES OF INFLUENZA.

BY DR. R. PFEIFFER,  
Chief of the Scientific Section.

(From the *Berlin Institute for Infectious Diseases*.)

The following results are based on the accurate examination of thirty-one cases of influenza, in six of which a necropsy was made. A complete report will be published as soon as possible.

1. In all the cases of influenza a bacillus of a definite species was found in the characteristic purulent bronchial secretion. In uncomplicated cases of influenza these tiny bacilli were found in absolutely pure cultures, and mostly in immense quantities. They were very frequently situated in the protoplasm of the pus corpuscles. If the influenza had attacked persons whose bronchial tubes were already otherwise diseased—as, for example, phthisical patients with cavities—other micro-organisms besides the influenza bacilli were found in the expectoration in variable quantity. The bacilli may penetrate from the bronchial tubes into the peri-bronchitic tissue, and even reach the surface of the pleura, where, in two cases examined post mortem, they were found in pure cultures in the purulent exudation.

2. These bacilli were found exclusively in cases of influenza. Very numerous control examinations proved their absence in ordinary bronchial catarrh, pneumonia, and phthisis.

3. The presence of bacilli kept equal pace with the course of the disease; with the cessation of the purulent bronchial secretion the bacilli began to disappear.

1 We are indebted to the courtesy of Dr. S. Guttman, editor of the *Deutsche medizinische Wochenschrift*, for advance proof sheets of these papers.

4. I had already seen and photographed similar bacilli in the same enormous quantities two years ago, during the first epidemic of influenza, in preparations of the sputum of patients suffering from the disease.

5. The influenza bacilli appear as very tiny rodlets, of about the thickness of the bacilli of mouse septicæmia, but only half the length of these. One often sees three or four bacilli strung together in the form of a chain. They stain with some difficulty with the basic aniline dyes. Better preparations are obtained with dilute Ziel's solution and with hot Loeffler's methylene blue. In this way it can be seen almost, as a rule, that the two ends of the bacilli take the stain more intensely, so that forms are produced which can only with great difficulty be distinguished from diplococci or streptococci. In fact, I am inclined to believe that some of the earlier observers also saw the bacilli described by me, but that, misled by their peculiar behavior with regard to staining agents, they described them as diplococci or streptococci. They cannot be stained by Gram's method. In hanging drops they are immobile.

6. These bacilli can be obtained in pure cultures. On  $1\frac{1}{2}$  per cent. sugar agar the colonies appear as extremely small droplets, clear as water, often only recognizable with a lens. Their continued culture on this nutrient medium is attended with difficulties, and up to the present I have not succeeded in carrying it beyond the second generation.

7. Numerous inoculation experiments were made on apes, rabbits, guinea-pigs, rats, pigeons, and mice. Only in apes and rabbits could positive results be obtained. The other species of animals showed themselves refractory to influenza.

8. In view of these results, I consider myself justified in pronouncing the bacilli just described to be the exciting causes of influenza.

9. It is very probable that infection is produced by sputum charged with the germs of the disease; and the disinfection of the sputa of patients suffering

from influenza is therefore urgently required as a prophylactic measure.

*Addendum.*—Dr. Kitasato has succeeded in cultivating the influenza bacilli to the fifth generation on glycerine agar.

\* \* \*

## II.—ON THE INFLUENZA BACILLUS AND THE MODE OF CULTIVATING IT.

BY DR. S. KITASATO.

(*From the Berlin Institute for Infectious Diseases.*)

*Gentlemen:* It is, perhaps, remarkable that in the case of a disease which in the last few years has attacked hundreds of thousands of persons, the specific exciting causes have, in spite of extremely numerous investigations, only lately been discovered. The cause, in my opinion, lies in the extreme difficulty of cultivating the tiny bacillus here before you; and, without pure cultures, a bacteriologist cannot, of course, come before the public with a new specific micro-organism.

The difficulty of obtaining cultures of specific bacteria present in the sputum depends chiefly on the great contamination of them with micro-organisms from the mouth, etc. The latter, in consequence of their more luxuriant and abundant growth, can, on our artificial nutrient media, completely overgrow and hide the particular parasites sought for. This occurs all the more easily the longer the specific parasitic micro-organism in question takes to form colonies, as in fact happened in the case of the tubercle bacillus.

With the view of avoiding the obstacles standing in the way of a successful cultivation, Privy Councillor Koch has devised a method which has not yet been published, which enabled him many years ago, and myself again quiet recently, to obtain pure cultures of tubercle bacilli directly from the sputum, and which has also been followed by me in the pure cultures of influenza bacilli here before you. The method to which I have just referred will be published in full detail in an early number of the *Deutsche medizinische Wochenschrift*.

With regard to the characteristics of the pure cultures of influenza bacilli here before you, I may emphasize the following points: On a sloping surface of set glycerine agar the individual colonies present themselves as extremely small points like droplets of water, recognizable during the first twenty-four hours only with the aid of a lens, so that macroscopically a test tube containing them can scarcely be distinguished from a sterile. The individual colonies are, as has been said, so unusually small that they may easily be overlooked, and it may thus have happened that previous investigators have overlooked them.

If a culture obtained from such a colony is placed on a new nutrient agar medium, numerous small colonies arise on the moist agar surface, as may be seen in this tube. A particularly remarkable point about them is that the colonies always remain separate from each other, and do not, as all other species of bacteria known to me do, join together and form a continuous row. This feature is so characteristic that the influenza bacilli can be thereby with certainty distinguished from other bacteria.

The possibility of continued cultivation is now demonstrated, and the tubes here before you already form the tenth generation in pure cultures. On gelatine they do not grow, as they do not generally multiply at a lower temperature than 28° C., which is the temperature at which gelatine solidifies. In *bouillon* they grow scantily. In the first twenty-four hours single white particles are seen swimming in the *bouillon*, the intervening fluid being perfectly clear. Later, they sink to the bottom, and there form a white woolly mass filling the end of the test tube, whilst the supernatant *bouillon* remains entirely clear—a proof that we have to deal with an immobile bacillus. In conclusion, I may remark that I have accurately studied with the microscope and by culture for a long time back the sputa of tuberculosis in respect to all the micro-organisms occurring therein besides the tubercle bacillus, and also the sputa of pneumonia, bronchitis, etc.;

but the present bacillus, so extraordinarily characteristic in its cultures, and so easy to be recognized, has not come within my experience except in influenza patients.

\* \* \*

### III.—ON A MICRO-ORGANISM IN THE BLOOD OF INFLUENZA PATIENTS.

BY DR. P. CANON,  
Assistant Physician, Berlin.

[From the *Municipal Moabit Hospital* (Section of Internal Medicine—Director, Dr. P. Guttman.)]

During the last few weeks I have, under the direction of Dr. Guttman, examined the blood of twenty influenza patients in stained preparations, and in almost all cases I have found in the blood one and the same micro-organism. The examination of the blood was made in the following way: A drop of blood obtained by pricking the finger was received on a perfectly clean cover-glass; this cover-glass was placed upon another one, and the two then drawn apart. The preparations, after they had been thoroughly dried, were placed in absolute alcohol, in which they were left for at least for five minutes. They were then taken out and placed in the following staining solution (Czenzynke's solution): R Concentrated watery solution of methylene blue, 40 grammes;  $\frac{1}{2}$  per cent. eosin solution (dissolved in 70 per cent. alcohol), 20 grammes; distilled water, 40 grammes. The cover-glasses immersed in this staining solution were placed in an incubator at a temperature of 37° C., and left there from three to six hours, when they were washed with water, dried, and embedded in Canada balsam. In the preparations of blood made in this manner where the red blood corpuscles were red, and the white ones blue, I found the above-mentioned micro-organism. It is found stained blue, sometimes in large quantities, but most sparingly, and only to be identified after a long search (about four to twenty in the preparation). Sometimes it appears as a small diplococcus, sometimes, especially when it is more deeply stained, as a short bacil-

lus. In six cases I have found it also in numerous larger and smaller heaps of from five to fifty individual microbes with a very characteristic appearance. In these six cases the blood was drawn during a fall of temperature or shortly afterwards; in three of these no further rise of temperature occurred. From three to six days later I failed again to find the micro-organism in the blood in these three last cases. Sometimes I have been able to make the diagnosis of influenza, when clinically it was not certain, by means of preparations of the blood alone. I have also found the bacteria in the blood, and, indeed, in considerable quantities in cases where there was no appreciable local lesion, and especially no cough or expectoration. Whilst making the preparations I have generally at the same time made streak inoculations of the blood on agar, glycerine agar, sugar agar, and *bouillon*. In six cases the *bouillon* was injected into mice, partly at once, partly on the following day after it had been in the incubator. These inoculations and experiments on animals always yielded a negative result. As on the basis of my researches I am of opinion that this micro-organism occurs in the blood of all persons suffering from influenza (at least, in that of those who have fever), and as it is not found in the blood of other persons, and as it is a micro-organism hitherto unknown, I believe that it stands in direct relation to influenza.

Privy Councillor Koch had the goodness to examine some of my preparations—for which I tender him my best thanks—and pointed out that the micro-organism visible in them was identical with the bacterium found by Staff-Surgeon Dr. Pfeiffer, which has been described in the preceding paper, which is published at the same time as mine. I began these researches about the middle of December; I have, however still a large number of preparations to stain and to examine. I propose to publish the results of the further research in a later communication.

I have to thank Dr. Guttmann and Professor Dr. Sonnenburg, Director of the Surgical Section of the hospital,

for kindly placing patients at my disposal.

#### VACCINATION AS A PROPHYLACTIC AGAINST INFLUENZA.

Goldschmidt, of Madeira, some time ago adduced evidence (*Berlin. klin. Woch.*, November 19, 1890) that vaccination had a prophylactic influence as regards influenza. An epidemic of small-pox broke out in November, 1889, and rapidly extended over the island. In January, 1890, influenza made its appearance, the epidemic reaching its height in February and March, disappearing gradually in May. Just at the time it was becoming severe revaccination was being extensively practiced on account of the contemporaneous invasion of small-pox, and it was observed that all successfully revaccinated persons remained exempt from influenza. Goldschmidt observed 210 cases of revaccination, 112 being successful. Out of the ninety-eight without result, only fifteen contracted influenza, and even these were very slight cases. In an isolated villa with twenty-six inmates, of whom fourteen were not revaccinated, all the latter were attacked with influenza, in two cases very dangerously; while all those who had been revaccinated remained free.

In a recent paper (*ibid.*, November, 2, 1891) Goldschmidt compares the statistics of the German army for 1889 with others relating to the civil population. The former show that 55,263 men (11 per cent.) were attacked with influenza. Of these, sixty died, giving a mortality of about 0.1 per cent., or a death-rate of 0.01 per cent. for the entire army. Of the men enrolled during 1889, 85 per cent. were vaccinated with, and 15 per cent. without, result. Assuming the same proportion for the whole service, there would be 75,900 men revaccinated without result, a number much larger than that of the influenza cases. Berlin showed a death-rate from influenza of 0.12 per cent. of its civil population (1,875 deaths), and Paris one of 0.25 per cent. (5,630 deaths); while that for the German army (0.01 per cent.) amounted to

only one-twelfth of that for Berlin, and one-twenty-fifth of that for Paris. This result repeats itself with but slight variation for all other German and non-German towns. The relative proportion of influenza cases to population must therefore have been much greater for these towns than for the army, and their mortality must also have been greater, since that for the army (0.1 per cent.), if applied to Berlin with its 1,875 deaths, and to Paris with its 5,630 deaths, would indicate a larger number of influenza cases than their actual populations. From the most trustworthy sources, a mortality of 0.3 for Berlin and one of 0.4 for Paris may be assumed as not far from the truth. These numbers would indicate an extent for the epidemic of 40 per cent. and 62 per cent. of the populations of Berlin and Paris respectively, as compared with 11 per cent. for the German army. A number of garrisons remained quite exempt, even where there was no isolation, while the civilians suffered severely.

Goldschmidt considers that the relative immunity conferred by vaccination is probably not lasting.—*Supp. British Med. Jour.*

#### TO EXTRACT PTOMAINES FROM URINE.

The necessity of more frequent analysis of urine, from a diagnostic standpoint, is made more and more apparent every day. In a note to the Academy of Science, Paris, Mr. A. B. Griffiths presents the following method of extracting ptomaines from urine in certain infectious maladies:

A considerable quantity of urine is alkalinized by the addition of a little carbonate of soda, and mixed afterward with half its volume of ether. After deposit and filtration, the ether is shaken with a solution of tartaric acid, which fixes on the ptomaines to form soluble tartrates. After evaporation of the dissolved ether, the acid tartaric solution is again alkalinized by carbonate of soda and shaken with half its volume of ether. This ether solution is allowed to evaporate spontaneously. The ptomaines remain as residue. . . .

*A. Scarlet Fever:* The ptomaine thus extracted from urine in case of scarlet fever is a white crystalline substance soluble in water, slightly alkaline. It forms a crystallized chlorhydrate and a chloraurate. Phosphomolybdic acid produces a white yellowish precipitate; phosphotungstic acid gives a white precipitate; picric acid, a yellow precipitate. It is also precipitated by Nessler's solution. The chemical formula of this ptomaine is as follows:  $C^6H^{13}AzO^4$ . Pure cultures of *micrococcus scarlatina*, gave the same ptomaine by Gauthier's method.

*B. Diphtheria:* The urine of diphtheritic cases is also a white crystalline substance. It gives a chlorhydrate and a chloraurate. Tannic acid precipitates it yellow; phosphomolybdic acid, white; picric acid, yellow; and Nessler's solution, brown. Formula:  $C^{14}H^{17}Az^2O^6$ . The bacillus diphtheria No. 2, Klebs and Loeffler, gives the same ptomaine in pure cultures.

*C.* In a case of congestion of the kidneys, the parotid glands and the submaxillary glands, a ptomaine, crystallizing in prismatic white needles, was formed. Formula:  $C^8H^{13}Az^2O^3$ . It is very poisonous.

These ptomaines do not exist in normal urine, and are truly formed in the economy under the influence of the maladies mentioned. — *Bacteriological World and Modern Medicine.*

#### ACTION OF THE PRODUCTS OF THE TUBERCLE BACILLUS.

At the Surgical Congress recently held in Rome, Maffucci (*Rif. Med.*, November 24, 1891) presented a communication embodying the results of experiments which he had made for the purpose of determining the action of the products of tubercle bacilli in guinea-pigs. He was able to satisfy himself that even minute doses of old cultures, no longer capable of growing like recent cultures, could cause death when inoculated, after sterilization, into the subcutaneous areolar tissue of guinea-pigs. If larger doses were used the effects followed more speedily. Besides old cultures, Maffucci employed cultures

sterilized by exposure for two hours or longer to temperatures of 65°, 70°, 80°, 90°, and 100° C., with similar results; and the same effects were produced by the bacillus itself in a dry state. The animals succumbed in like manner after eating cultures of tubercle or tuberculous products from sterilized tuberculous organs. In pregnant guinea-pigs the inoculation of sterilized cultures caused abortion, or the birth of marasmic foetuses. Embryonic chicks developed under the influence of sterilized bacillary products, or of inoculations from tuberculous mammals or birds, were born marasmic.

The active substance of tubercle cultures is contained in the bacillus; in the liquid serum of the cultures it is present very scantily, or not at all. The lesions produced by the inoculations are, in addition to the marasmus, catarrhal pneumonia, congestion of the lungs, hyperæmia of the liver and atrophy of the hepatic cells, fibrillar degeneration of the heart muscle, hyperæmia of the spleen with great destruction of the red blood corpuscles, cloudy swelling of the epithelium of the convoluted tubules, and sometimes parenchymatous nephritis; in the majority of cases, however, the kidney lesion was limited to simple hyperæmia. The animals died as a rule within a month, occasionally a few days, after inoculation. In the latter case an abscess is found at the site of inoculation; in the former the abscess is seen to have healed—it seldom bursts externally. The bacillus, incapable of growing, is seized by the leucocytes, and is destroyed by them at the point of inoculation.

Maffucci concludes that the protoplasm of the tubercle bacillus contains a toxic substance which acts by preference on the walls of vessels, and on the red blood corpuscles. The former of these effects explains the disorders of nutrition and the inflammatory changes which form part of the tuberculous process; the latter accounts for the great anæmia of patients suffering from tubercle. The phthisical "habit" of the offspring of tuberculous parents may be regarded as a nutritive degeneration occurring during the development of

the embryo under the influence of the products of the tubercle bacillus, or through the semen of a phthisical father. The experiments, in Maffucci's opinion, conclusively show that the boiling of tuberculous flesh does not, in the case of guinea-pigs, prevent infection by tuberculous products.

In reply to a question, Maffucci said the different results obtained by Koch were explicable by the fact that that investigator had used a substance which probably had undergone some modification by treatment, whilst he (Maffucci) had experimented with genuine products, as is the case in the organism.—*Supp. British Med. Journal.*

#### THERAPEUSIS OF SYPHILIS.

Ehrmann (*Centralblatt f. die ges. Ther.*, December, 1891) gives a review of the more recent methods of treating syphilis. The efficiency of mercurial inunction depends, among other things, on the number of the follicles in the skin, and no greater effect is obtained by rubbing in a large quantity of the ointment, unless over a greater extent of skin surface. Mercurial injections in exact dosage have the advantage of not depending on the patient for being carried out, and of the distinction of the general from the local effects. The disadvantages in using soluble mercurial salts for injection are that they pass through the body rapidly, and that they produce toxic effects more easily. The remains of the syphilitic poison are still present, and it may multiply so as to give rise to relapses. With inunction as well as with the injection of insoluble preparations a depot of mercury is left which is gradually absorbed. According to Lichtenstein, relapses are more frequent after the injection of partially soluble preparations such as the salicylate of mercury than after the more insoluble such as the oleum cinereum. With the latter the injection is made weekly, whereas with soluble preparations it must be made daily, and thus one advantage over inunction is lost. Great care must be taken in cleaning the needle.

As to the duration of treatment, the



limit is generally put down as three years, but it cannot be named for all cases. The author mentions two years. If after two years a relapse occurs (a rare event in the author's experience) or marriage be thought of, an extra year must be thrown in. The object is to avoid rather than to treat relapses. If a relapse occur within a few weeks after the discontinuance of the first treatment (by injection or inunction), one may be obliged to give mercury internally. At the end of three months, whether relapse or not, pills of the protiodide are given. After six months the patient gets seven injections of oleum cinereum at intervals of from five to eight days or twenty to twenty-five inunctions. This is repeated at the end of the first year. If there is a relapse in the first half year—and this must always be treated—mercury is given internally at the end of the third quarter. In the second year the inunctions or injections are repeated twice. If internal treatment is adopted, seventy-five pills of the protiodide correspond to some four injections. Mercury taken by the mouth and absorbed into the portal circulation may be excreted with the bile, and thus the full effect is not obtained.

The treatment inaugurated by Fournier is a considerable advance; and though it is not time yet for a statistical statement, nevertheless it is certainly known that hereditary syphilis and severe and early relapses are decidedly diminishing. — *Supp. British Med. Journal.*

#### DOUBLE NEPHROLITHOTOMY FOR RENAL CALCULI COMPLICATED BY PYO-NEPHROSIS.

Mr. Turner, London, presents the following case: A woman presented two large renal swellings, anuria, vomiting and great prostration, and a well-marked history of renal calculus. He first cut into the right kidney, from which he removed a mass of calculi with malodorous pus, weighing an ounce; the other side presented the same condition. The patient recovered very well from the immediate effects of

the operation, but died thirteen days later from asthenia. The author believed this to be the only case on record of double nephrolithotomy at one sitting.

In the post-mortem records of St. George's Hospital for twenty-one years past he found 43 cases of renal calculus, in 19 of which multiple stones were present. In but 9 cases were both sides affected, two of which had been subjected to operation for calculous suppression of urine. Of the one-sided cases the stone was on the right side in 17, and on the left in 15. Pyonephrosis was present in 12 cases. The ureter was completely blocked in 9 cases, in 8 of which the obstruction was at the renal end. The stone was five inches long in one case. In the one-sided cases, the unaffected kidney was free from degenerative action in but 8 instances.—*London Lancet*, January 17, 1891.

#### PATHOLOGICAL ANATOMY OF INSANITY.

In the *Journal de Médecine de Paris*, March 1, 1891, Dr. Luys states that in examinations of brains of patients suffering many years from excitement, there is hypertrophy of certain special regions of the paracentral lobules. These lobules are the point of confluence of cortical psycho-motor convolutions and one of the regions where accumulate specially psycho-motor innervations. Hypertrophy would, therefore, indicate a focus of continued excitation, absorbing undue vitality, and leaving other regions to undergo more or less marked atrophy. This hypertrophy is usually symmetrical in both hemispheres. In the brain of a woman who had a visceral delusion, that was almost her sole idea, to the effect that a tape-worm found a lodgement within the internal organs and came and went at pleasure, there was unilateral hypertrophy of the paracentral lobules, those in one hemisphere remaining perfectly normal. The patient was perfectly lucid and rational on all subjects, except this one delusion, though it was difficult to induce her to speak of any other.

Anatomically, Dr. Luys explains the coexistence of clearness of mind and a delusion. She was insane in one hemisphere of the brain and sane with the other. For such cases, the colloquial term "unbalanced" would seem to be literally true.—*N. Y. Med. Record.*

#### TETANY OF GASTRIC ORIGIN.

In a recent paper Dr. Bonveret gives the results of the researches he had made with Dr. Devic in regard to the pathogeny of tetany of gastric origin. The first point they established was the fact that tetany is only found in those who have dilatation of the stomach with permanent hypersecretion of acid. This tetany, which is frequently mortal (69 per cent.), is caused by a toxine which is the result of the action of free hydrochloric acid and of alcohol on the peptones. It is a chronic intoxication. If such cases are rare, they are so from the frequent occurrence of vomiting which throws off the toxine. The practical deduction which is made is that the treatment should consist in the absolute abstinence from alcohol, and in washing out the stomach.—*Weekly Med. Review.*

#### NAUSEA.

The following (*The Prescription*, No. 1, 1892) is recommended:

℞ Aquæ calcis. . . . . fl. ʒij.  
Creasot. (beechwood) . . . . . gtts. iv.

One teaspoonful every fifteen minutes until the stomach is quiet.

#### PUBLISHER'S NOTICES.

DOCTOR: If you want the proceedings of the leading New York Medical Societies, the College and Hospital Clinics, and all the current medical news of that city, as well as a complete list of Medical, Dental, Pharmaceutical, Veterinary and Scientific Journals, send *Two Dollars* to Dr. Ferdinand King, P. O. Box, 1209, New York, for THE DOCTOR'S WEEKLY one year. It will pay you.

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### Miscellany.

#### HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending January 22, 1892:

WARD.	Measles.		Scarlet Fever.	Whooping Cough.		Diphtheria.		Croup.		Typhoid fever.	
	Cases.	Deaths.	Cases.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....	1										
2.....	7		1	2		2					
3.....											
4.....						2					
5.....						1				2	1
6.....	1		1			1				1	
7.....						1					
8.....						1					
9.....											
10.....											
11.....			1								
12.....			1							1	
13.....			1			3					
14.....	1					3	1				
15.....						1	1				
16.....	2		1								
17.....			1			3	1			1	
18.....	2										
19.....			2				1				1
20.....			1	1							
21.....			2			1					
22.....											
23.....			2			1	1				
24.....			4			1					
25.....								1			
26.....	1		4			2				1	
27.....			2								
28.....			1		3	1					
29.....											
30.....			9			4					
Public Institutions.....										4	1
Totals.....	15		34	1	5	27	6	1		10	3
Last week.....	16		27	3		29	10	2		4	5

Mortality Report for the week ending January 22, 1892:

Diarrhœa.....	2
Diphtheria.....	6
Influenza.....	12
Scarlet Fever.....	1
Typhoid Fever.....	3
Other Zymotic Diseases.....	5—29
Cancer.....	3
Phthisis Pulmonalis.....	9
Other Constitutional Diseases.....	8—20

Bright's Disease.....	3
Bronchitis.....	10
Heart Disease.....	5
Liver Disease.....	2
Meningitis.....	4
Nephritis.....	2
Pneumonia.....	28
Other Local Diseases.....	22—76
Deaths from Developmental Diseases.....	8
Deaths from Violence.....	4
Deaths from all causes.....	137
Annual rate per 1,000.....	23.74
Deaths under 1 year.....	28
Deaths between 1 and 5 years.....	24—52
Deaths during preceding week.....	146
Deaths for corresponding week of 1891... ..	111
Deaths for corresponding week of 1890... ..	175
Deaths for corresponding week of 1889... ..	101

J. W. PRENDERGAST, M.D.,  
Health Officer.

## OHIO HEALTH BULLETIN.

Infectious Diseases reported to the Ohio State Board of Health in 45 cities and towns during the week ending January 22, 1892.

<i>Diphtheria:</i>		<i>Typhoid Fever:</i>	
Cases.	Deaths.	Cases.	Deaths.
Attica.....	4 ..	Cincinnati.....	10 3
Cincinnati.....	27 6	Cleveland.....	1 ..
Cleveland.....	28 8	Clyde.....	2 2
Columbus.....	4 3	Columbus.....	.. 2
Conneaut.....	1 ..	Toledo.....	.. 1
Coshocton.....	1 ..	Youngstown.....	1 ..
E. Liverpool.....	2 ..	<i>Scarlet Fever:</i>	
Elyria.....	1 ..	Akron.....	2 ..
Findlay.....	7 ..	Caledonia.....	1 ..
Fostoria.....	1 1	Cincinnati.....	34 1
Geneva.....	1 ..	Cleveland.....	6 ..
Greenville.....	2 ..	Columbus.....	8 1
Lancaster.....	3 ..	Conneaut.....	1 ..
Lima.....	2 ..	Coshocton.....	6 1
Mansfield.....	1 3	Findlay.....	1 ..
Middletown.....	1 ..	Geneva.....	2 ..
Piqua.....	1 ..	Greenville.....	2 ..
Salem.....	1 ..	Lancaster.....	2 ..
Springfield.....	1 ..	Mansfield.....	1 ..
Toledo.....	1 ..	Middletown.....	1 ..
Xenia.....	1 ..	Springfield.....	2 ..
<i>Measles:</i>		Toledo.....	1 ..
Cincinnati.....	15 ..	Upper Sandusky.....	3 ..
Cleveland.....	3 ..	Xenia.....	2 ..
Clifton.....	2 ..	Youngstown.....	4 ..
Lima.....	2 ..	<i>Whooping-Cough:</i>	
Springfield.....	2 ..	Cincinnati.....	5 ..
Youngstown.....	56 ..	Cambridge.....	4 ..
		Youngstown.....	4 ..

No infectious diseases reported to health officers in 18 towns.

C. O. PROBST, M.D., Secretary.

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## A BACTERIOLOGICAL EXAMINATION OF THE BOSTON MILK-SUPPLY.

Drs. W. T. Sedgwick and John L. Batchelder, Jr., undertook this investigation in order to arrive at some conclusion in regard to the purity or impurity of the ordinary milk supplied to consumers in Boston. The article in full may be found in the issue of the *Boston Med. and Surg. Journal* for January 14, 1892.

Investigations were made of udder milk, pure country milk, and Boston milk.

Milk drawn from the teat of a healthy cow showed no trace of bacteria. It was sterile. This result can only be obtained when special care is taken as to the method of getting samples. The method adopted by the writers of this article was the following: "A clean cow is selected, and the operation should be attempted only in a clean stable. Care being taken to avoid disturbance of the bedding (if any) the skin of the hind quarter and udder is washed. The teats are then wiped dry and milking in the ordinary fashion is begun, in order to start the secretion. A pause is then made and while the dust of the stable settles, the milk accumulates in the udder. The catheter, previously sterilized by heat, is drawn from a plugged test-tube and cautiously passed through one of the teats into the udder. The milk instantly flows away from the resting udder, through the catheter, in a strong and continuous stream, from which a series of samples can readily be taken." The samples thus taken proved to be sterile, or at most only showed some slight aerial contamination. The authors then suggest that this method, if applied in a search for tubercle bacilli, would furnish absolute proof of the source from which milk became thus contaminated.

The second section of the article is devoted to a consideration of pure country milk, *i. e.*, such as is found upon the table in country homes. "Milk drawn by hand with great care into sterilized bottles, and planted quickly yielded as an average of several

trials 530 bacteria (colonies?—Ed.) per cubic centimetre." When, however, milking was conducted in the usual manner the average was 30,500 per cubic centimetre at the end of milking. The average of fifteen samples from suburban tables yielded an average of 69,143 per cubic centimetre. The conclusion to be drawn is, "that there are two principal sources of the bacteria in milk; namely, contamination during the act of milking, and the natural multiplication of the bacteria thus introduced during the interval between milking and the consumption of the milk."

The third section relates to Boston milk, *i. e.*, milk delivered in Boston and consumed there. Here the number of colonies averaged 2,355,500 per cubic centimetre. In samples from groceries the number averaged 4,577,000. The lowest number found in Boston milk was 30,600.

The section relating to "Interpretation of Results" we reproduce in its entirety:—

We have now shown that the normal milk of the cow is free from bacteria. We have also found that the milk-supply of Boston is exceedingly rich in bacteria. We have further discovered that these bacteria are principally introduced during the operation of milking in unclean stables, and that they afterwards multiply enormously in the milk, in which they effect important changes of decomposition. Two principal conditions thus co-operate to cause the extraordinary abundance of bacteria in Boston milk; namely, uncleanliness and staleness. The former condition furnishes the seeds of decomposition; the latter the time for their development. Their co-operation produces a fluid widely different from normal cow's milk.

It remains to inquire what is the probable effect of this condition of the milk-supply upon the health of the community. Here we are almost completely in the dark. There can be no question that much of the milk is consumed when cooked, and even when raw without the least apparent injury and with great apparent benefit. But it is probably also true that the use of

stale and partially decomposed milk charged with living bacteria, has its effects upon invalids and children, and particularly upon infants, and that these effects are not always beneficial. It is possible that one explanation of the high mortality of children under five years of age, and especially of bottle-fed children, is to be sought for in this direction.

It will not do to argue, because healthy adults drink polluted milk without obvious injury and with evident benefit, that invalids and infants may safely do the same. In order to learn the consequences of a battle, the investigator must examine not merely the survivors; he must consider also the fallen. If it be admitted that infants, children and invalids require normal cow's milk, it cannot be denied that they are now rarely, if ever, fortunate enough to get it. Many parents who are fastidious to the last degree concerning their own wine or table-linen, provide for their children cow's milk which is both stale and filthy. It is safe to say that if our soups or drinking-water were drawn from cows, in remote and obscure stables, by ordinary milk-men, and shipped, adulterated and delivered as our milk is, we should appreciate and resent the pollution. At present, however, so far as mere pollution is concerned, it is probably true that milk is actually improved by the addition of pure water. The public inspection of milk in America is usually directed mainly to the prevention of fraud; rarely, if ever, to the question of pollution, or except in a very general way, to the protection of the public health.

"One point deserves in the future much greater attention. This is the *pollution* of milk. No food material can be so much polluted as milk. If any one will compute how much cow's excrement an infant swallows, and how much excrement an adult consumes in drinking the sewage-polluted water of the Isar, he will find that the latter is by far the better off."

Dr. Sohlet, the author of the foregoing paragraph, has lately urged that milk be examined not only in respect to

its solids and fats, but also as to its contents in filth, after a method employed by Professor Renk, of Halle. The latter found that the public milk-supply of Halle was polluted by very considerable amounts of filth which settled to the bottom of the vessel containing the milk, and by microscopical examination proved to be largely cow's excrement. The average of thirty tests showed fifteen milligrams per litre, or fifteen parts per million, of such filth deposited by the milk of Halle. In Leipzig milk, Renk obtained 3.8; in Berlin, 10.3; in Munich, 9.0 milligrams of similar filth deposited per litre. He found the bacteria in the Halle milk-supply to vary from 6,000,000 to 30,000,000 per cubic centimetre, a result agreeing well with its unclean condition. It may be remarked in passing that the sewage of American cities seldom averages more than 1,000,000 bacteria per cubic centimetre.

As remedial measures we suggest: greater cleanliness, less delay in delivery of the milk, quickly cooling to a low temperature, and careful supervision by the sanitary authorities of all milk offered for sale.

#### A STATE BOARD SUSTAINED.

The Oregon Supreme Court has reversed the finding of the Circuit Court in the case of Barmore vs. the State Board of Examiners. Barmore had been refused a certificate by the board upon showing he was a graduate of the medical department of the University of Ohio, and had a diploma from a legally chartered medical school in good standing. He was refused upon the ground that Oregon state board had adopted a rule which defined "medical institution in good standing," as used in the act, to mean, "only those institutions which required three regular courses or sessions of six months each, extending over a period of three years' time," and that the school of plaintiff did not, when he graduated, have such a three years' course. If Barmore had applied before the board adopted this rule he could have been admitted to practice in Oregon. Barmore asked a

mandamus to compel the state board to issue a certificate, and won his case in the circuit court. This is now reversed in the supreme court and the state board of examiners sustained.—*Weekly Med. Review*, January 16, 1892.

#### ODE TO LA GRIPPE.

Just the same,  
 'Cept in name,  
 As that other diabolic, pathogenic and prodromic, mucous-quirking, topknot-wracking, jointlet-cracking, stomach-working, body-burning, brainpan-murking, nerves all churning affliction which is called—  
 Or by æsthetic people bawled—  
 The "influenza;" but for short  
 When with cold in head you snort  
 And your temper's on the snip  
 It's just ordinary "grip."  
 And it's metabolic,  
 Worse than colic,  
 Poison's in your blood,  
 And you wish your name was mud,  
 Until in sullen fury you let everything rip.  
 While in doleful chorus groaning  
 Your family are moaning  
 In a sort of runic rhyme  
 With their vitiated chyme  
 The solo of the grip.  
 Not the pip,  
 But the grip, grip, grip—  
 From its talons you can't slip,  
 For you must sit and in your person  
 (For all its woes a curse on)  
 Exemplify its rule;  
 And every one's a fool  
 When the whisky bottle's drip  
 And the quinine mixed you sip  
 And pay out pelf  
 To rid yourself  
 Of that all-effecting  
 Nought-delecting  
 Old-world rip,  
 The grip. —*Philadelphia Press*.

#### "LICENSED TO PRACTICE."

We often read of the peculiar privilege which is accorded to medical men by "licensing them to practice medicine," in return for which it is alleged that they are bound to render certain services to the State which is so good as to license them; and are "as much bound," we are told, "to give immediate assistance to any sick person urgently requiring their aid, as an ordinary citizen is to help a policeman to effect an arrest if called upon to do so in the name of the law." There is, however, a great and fundamental

error here of which the public ought to be aware, and which public writers should be warned to avoid.

The fact is that everyone can practice medicine in this free country; and a large number of persons do so practice medicine, surgery, and midwifery without any license, and, we may add, often without any suitable education or adequate knowledge. Medical botanists often playfully sign themselves "M.B.," as though Bachelors of Medicine; bonesetters and midwives are numerous, and rarely encounter any penalties either social or legal. All that the Legislature has ever consented to do—and this for the sake of the public services and for public protection—is to require that persons not educated and diplomaed at recognized institutions, and not possessed of the medical titles granted after examination by the universities and medical corporations, shall not deceive the public by falsely assuming such titles. Otherwise they are as free as air, and the charter of the

Briton to follow his own devices is very amply accorded to them.

The lawyers, on the other hand, enjoy a very close monopoly of pleading in the courts and carrying out legal processes; nevertheless, their duty to afford free legal advice to necessitous suitors is not insisted on. The fact is and it ought to be very clearly recognized, that the practice of members of the medical profession to render aid to the sick poor and those in urgent need of medical help, without insisting on fees where poverty forbids, is based upon considerations of pure and voluntary humanity. The State grants very little if anything to medical men; it shows them no legal favors, and it gets a great deal out of them.—*British Med. Journal*.

A NEW heart tonic of especial value in nervous disturbances of the heart is tincture of coronilla varia, in doses of from five to fifteen drops.

—*N. Y. Med. Record*.

## Mellin's Food

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—*Landois and Sterling*.

MALTOSE is a saccharose, not a glucose, and is a form of sugar which does not ferment.

—*Materia Medica and Therapeutics*, Dr. Mitchell Bruce.

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—*Eustace Smith, M.D., F.R.C.S.*

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### CONTENTS.

#### ORIGINAL ARTICLES.

- POSTERIOR SPINAL SCLEROSIS. By H. M. Lash, M.D.,  
Indianapolis, Ind. 169  
DRUNKENNESS. By W. R. Amick, M.D., Cincinnati. 174  
A DEATH FROM CHLOROFORM. By Wm. N. Wishard,  
M.D., Indianapolis, Ind. 177

#### SOCIETY REPORTS.

- ACADEMY OF MEDICINE.  
Meeting of January 4, 1891. 180  
Discussion on La Grippe.

#### EDITORIAL.

- HOW TO REGULATE MEDICAL PRACTICE. 186  
DRUNKENNESS AND CRIME. 187  
PERVERSION OF OFFICIAL FUNCTIONS. 189  
GOLD AND MANGANESE IN TUBERCULOSIS. 189  
EDITORIAL NOTES. 190  
IN MEMORIAM.—Dr. John A. Thacker. 190  
Dr. E. S. McKee is a Benedict. 191

#### TRANSLATIONS.

- PARISIAN MEDICAL CHIT-CHAT. By T. C. M. 181  
THERAPEUTIC NOTES. By F. H. Pritchard, M.D., Nor-  
walk, O.  
Treatment of Influenza.—Treatment of Syphilitic  
Psoriasis Palmaris.—To Calm the Itching of  
Herpes Zoster. 183  
Treatment of Collapse.—Treatment of Lupus.—Atro-  
pine in Lead Colic. 184  
Treatment of Ozena by Pyocetanine and Lanoline  
Salve.—Washing Out the Stomach in Acute  
Nephritis.—Fissures of the Nipple Treated by  
Aristol.—Treatment of Alopecia Areata.—Tooth-  
ache. 185

#### SELECTED.

- New Clinical Form of Diabetes.—Bronchial Asthma. 173  
Camphor-Menthol in Catarrhal Diseases.—Delirium  
Tremens. 176

[Contents Continued on advg. page 5].

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—The Times, London.

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# THE CINCINNATI LANCET-CLINIC:

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## Original Articles.

### POSTERIOR SPINAL SCLEROSIS.

A Paper read before the Mitchell District  
Medical Society, at Columbus, Ind.,  
December 18, 1891,

BY

H. M. LASH, M.D.,  
INDIANAPOLIS, IND.

I do not pride myself on even the hope of saying anything new on this subject, especially before a body possessing as much professional erudition as this one. But a study of the present state of knowledge concerning its nature may not be without profit.

We are certainly occupying an advanced position. Much of it has been gained within the last few years. Our views are clearer and deeper. Final conclusions may still be far off, but much that was foggy is being better understood. This is particularly true of the anatomical and finer histological details. They have recently been more accurately investigated, and, as a result, we are in possession of more precise information in regard to localization. Diagnosis is made easier; the distinction between this and similar cord affections less difficult; methods of treatment have been improved, and the prognosis probably made brighter.

The after-consideration of this, the most frequent of the chronic spinal diseases—its course, its termination and its treatment—necessarily depends entirely upon the accuracy of the pathological information at hand. To this condition, then, attention will be first given.

There is much sometimes in a name.

The observation is pertinent here. Some of the names by which this ailment has been known ought to be laid aside. The term "tabes dorsalis" is not appropriate. It designates nothing, and is only tolerated because it flavors of antiquity. "Progressive locomotor ataxy," and "gray degeneration of the cord," are objectionable because they are only possibly applicable to a late stage of the trouble. The name selected and used in this paper is certainly more acceptable, for the reason that it conforms to the tendency to name diseases from an anatomical standpoint. The very name indicates the nature of the disease, and also its location.

Posterior spinal sclerosis is a systematic disease of the cord, the posterior white columns—those of Goll and Burdach—being the affected parts. This statement presupposes an acquaintance with the anatomical construction of the cord. Like the brain, it is composed of two elements, viz., nerve-cells and nerve-fibres, the gray and white matter, but their relative position is reversed, the white being on the outside and the gray forming the internal portion. Each lateral half of the cord is divided into three columns, the anterior, lateral and posterior. The anterior, and probably the lateral columns, conduct motor impulses. The posterior columns, one lying immediately on each side of the antero-posterior median line, are concerned with sensation, and, from the connection of their fibres with the cerebellum, are channels of control over co-ordination of movement. In this paper we have to do chiefly with these posterior columns. They are composed simply of bundles of nerve-fibres, with their proper neuroglia and blood-vessels. Sclerosis of these columns impairs or destroys the nerve-fibres, and thus sub-

stantially cuts off communication with the coördinating centres.

How is the sclerotic condition developed? Authorities are conceding that the condition is one primarily of *hypernutrition*. To comprehend fully the process necessitates some knowledge of the arterial circulation of the cord. The anterior columns are supplied by the anterior spinal artery, a branch of the vertebral, which divides in the cervical region, where it forms a nutritive supply net-work with the lateral spinal vessels, whence they are equally distributed throughout the length of those columns. The posterior spinal artery, which supplies the posterior columns, is also a branch from the vertebral, but it descends as a distinct vessel as far as the second lumbar vertebra, where it begins to divide. This physiological view is introduced to show that the posterior columns, particularly in the lower regions, are supplied directly from this one artery. This fact may greatly help to explain why the posterior columns are comparatively so frequently the selected seat of sclerosis. The blood-supply is subject to positive and prolonged increase in the parts, the distended vessels to low tension, and the blood itself to slow movement, putting it longer in contact with the tissues, and thus favoring and aiding, according to a well-known physiological principle, the nutritive supply and the development of new connective-tissue cells, and possibly new elements entirely. In support of this theory it has been observed and quite positively determined, from such cases of posterior spinal sclerosis as have been microscopically examined, that the lumen of the posterior spinal artery and all its branches is increased and that their walls are thickened, the connective-tissue cells greatly multiplied, and the nerve-fibres obliterated, while no such condition is found in the vessels and tissues of the other columns. The inference, then, is that the condition is one first of marked hyperæmia, and cannot be said to be inflammatory, for none of the products—serum, fibrin or pus—are discovered. The law, that newly formed connective tissue con-

tracts, explains the atrophy which follows, and this atrophy tends by compression to obliterate the nerve-fibres, and either greatly impairs their function or utterly obliterates them. The entire pathological condition, then, may be described as having three stages: (1) Hypernutrition, which multiplies the number of connective-tissue cells, and forms new plastic elements; (2) atrophy of that new tissue; (3) destruction of the nerve-fibres by compression.

The *etiology* is simply problematical. No definite cause or causes can be traced out. For a long time it was believed that it was due to syphilis, but that is being seriously questioned. There are two arguments against it: (1) Syphilis does not have a tendency to follow systematic portions; (2) cures do not follow the most active anti-syphilitic treatment. The "inherited tendency," without a doubt, plays an important part. But numerous exciting causes are named. It is a disease of the most active period of life, and occurs much more frequently among males than females. Occupations, where there is much exposure to cold, dampness, fatigue, depressing emotions, surroundings incident to certain trades, where metals are used, seem to favor its development. In the case of railroad employes it is a pertinent question whether the constant jarring to which they are subjected, as well as the exposure, does not materially contribute to the pathological condition.

Parenthetically, I want to say that my experience has been limited to three cases, all males in middle life, whose habits were active and exposed. One, a physician, who travelled nearly altogether on horse-back over a large rural district, in all kinds of weather. Another, a railway mail-clerk, with a large, busy, hard run. The third was a locomotive engineer. Syphilis was suspected in one. This one has reached a fatal termination. The others are following the usual progressive history.

It is quite apparent that such a pathological condition in an important centre must furnish quite definite symptoms that point to its active presence.

Such is the case, and if they are carefully studied and heeded, will not mislead. These symptoms usually extend over a long period of time—several years.

It has been pointed out that the disease has a history of stages. The line may not be clearly drawn, but it is convenient to so arrange them, and the symptoms closely correspond to these stages.

First, is the stage of *invasion*. In this the following phenomena are presented:

1. Pains of a sharp, quick, lightning-like character, which in the beginning occur only occasionally, afterwards more frequently and paroxysmally, leaving in the muscles of the affected parts, commonly the lower extremities, a sensation of soreness. It is in this stage that mistakes in diagnosis are liable to be made. Patients are treated for rheumatism or neuralgia, or both. The three cases under my own observation were each so treated by different physicians, and it was not until they had passed well into the succeeding stage that the trouble was properly recognized.

2. The spinal reflexes, particularly that of the patella, are either feeble or entirely absent.

3. There is delay in the conduction of sensation; that is, a "perceptible interval of time" elapses between the touching or wounding of a part and its perception by the brain. This may amount to several seconds, and is a most important point in the diagnosis.

4. At first, immediately after the attacks of the lancinating pains, there is ordinarily hyperæsthesia. But it is of short duration, and later on anæsthesia takes its place.

5. The sexual appetite is increased, and excesses often committed even by those whose habits had been the very opposite. Until it was shown that this was incidental to, or more probably a *result* of, the condition, it was very generally believed that sexual over-indulgence was a prominent factor among the causes of the disease.

Second, the stage of *incoördination*. With this stage comes the more peculiar

characteristic symptoms of the fully developed disease. The first noticeable feature is the difficulty experienced in muscular movement. As the lesion is usually first located in the dorsal and lumbar regions, this difficulty is primarily manifested in attempts at walking—locomotion. Movements are uncertain; the gait is unsteady—not unlike that of alcoholic intoxication; there is a feeling of uncertainty and an inability to either stand or walk with the eyes closed. The difficulty of locomotion is increased if the patient is suddenly called upon to put forth an effort. Such patients early learn the necessity of using their eyes, and they stand with their feet well apart to strengthen their base of support. In walking the foot is brought down in a manner peculiar to the disease, first the heel then the sole, producing the "stamping gait." Further, the foot may be jerked outward, or in different directions. Sometimes, under the impulse of hurry, the patient falls. If the pathological condition extends far enough up the cord, similar difficulty is experienced in the movements of the arms and hands. Ultimately the pupils show undue contraction, indicating that the centres of their control are implicated. There may be present, also, strabismus, diplopia, ptosis, and atrophy of the optic nerve. Anæsthesia becomes pronounced; all the reflexes are lost, and there is present around the body, its height determined by the degree of extension along the cord, the "constricting girdle sensation." The pains are increased in severity.

The final complications are numerous, and need only to be mentioned. There is paresis or incontinence of the bladder; paralysis of the rectum; entire loss of the sexual power; gastric disturbances; trophic troubles, such as eruptions and bed-sores of the skin.

The *diagnosis*, in the first stage, is not readily made out, unless great care is given to the symptomatic manifestations, and then it is not very difficult. When fully developed its recognition is easy. Differentially, several knotty places will present themselves. It is too frequently confounded with rheu-

matism and neuralgia. Its history almost forms the diagnosis, for it is slow of development. Posterior spinal sclerosis is not a motor paralysis. That must be early understood. Nor is there impairment of muscular nutrition. In muscular paralysis there is no incoördination, and no decrease in the motor power proper.

*Spinal meningitis* presents a different clinical history. Fever is present. Movements of the spine and pressure upon its processes give pain. The reflexes are not changed, unless they are exaggerated. There is no incoördination, but there may be motor paralysis.

If *hysteria* is suspected, it can generally be determined by the history of the case and the condition of the reflexes, which, in hysteria, are normal.

*Chronic myelitis* presents some similar manifestations, but in it will be found several distinguishing features. It is inflammatory in its character, consequently there is more or less febrile action. Sensatory and motor phenomena are both present. There may also be spasms, but there is no incoördination.

More difficulty will probably be experienced in separating diseases of the cerebellum than anything else. There is so much about this ganglion not yet understood and determined that it is at present impossible to accurately locate its lesions. But a few recognized facts and symptoms may help us in this respect. There is, in cerebellar troubles, intense vertigo, a staggering gait, with an inclination to a rotatory movement, vomiting, imperfection of speech and marked irregular heart action.

*Friedreich's disease* is strictly hereditary, and is a sclerosis of the whole posterior-lateral columns, manifested by a mixture of both motor and sensory disturbances, which exist from childhood, and affect not only the extremities, both upper and lower, but the head, muscles of speech and those of the eye-balls.

That complication of posterior spinal sclerosis, first pointed out by Charcot, where there is disintegration of the larger joints, has been disputed of late, especially by English physicians, but still the weight of authority seems to

favor Charcot's view. The affirmative argument is that the enlargement is painless, watery, and affects *only* the large joints, which, in time, give way to almost complete disintegration, while rheumatic arthritis, with which it is confounded, is painful, free from watery accumulation, and affects small, as well as large joints, and does not disintegrate.

The *treatment* becomes properly and eminently a serious, anxious matter, when the disease comes near to you as an affliction to a very close friend. As you walk along the street with him, noting that peculiar, uncertain, characteristic gait, and his almost painful attempts to overcome it and give to himself a normal appearance, you involuntarily ask yourself: What is the matter with this man? Can he not be divorced from such a distressing malady? The methods of treatment have been numerous, and all attended by quite uniform results, viz., failure. But this should not deter us from further efforts. So far it is put down among those diseases having a gloomy prognosis. For that reason investigators in this field are digging deeper for causes and for pathological facts, with the hope of bringing it within reach of remedial and curative agents.

The present status certainly is more hopeful. This statement is based on the belief that the theory of hypernutrition, as a cause, is correct. That being accepted as true, the procedure in the first, or forming stage, is plain. Unload the over-distended tissues and keep back the excessive flow of blood to the parts. This may be accomplished, provided the condition is sufficiently early recognized, by the combined use of such internal agents, and local and general applications, as tend to contract the arterioles and deplete the parts by carrying the over-accumulation of blood to other and, as much as possible, distant localities. Administer ergot in liberal doses. Its effect will be materially aided by giving with it one of the bromides. Locally, apply to the spine cold water, or, what is more positive in its effect, ice—a bag of it along the portion implicated. Ranney recom-

mends the use of *hot* water as a beverage, a gobletful an hour and a half before each meal. His object is to increase peristalsis, stimulate urinal secretion, produce warmth of the skin and encourage perspiration. His idea of revulsion is a commendable one. But may it not be carried further with added advantage? Invite the circulation *actively* to the extremities, and to the entire cuticle. This might be accomplished by a wholesale application of counter-irritants and frequent hot foot-baths. But if the proper appliances are obtainable, it can be better done. Put the patient through such a course of general warm packing as will dilate the entire superficial capillary system, so arranged that it can be carried to any desired or required degree, and free perspiration produced. Maintain it for twenty to thirty minutes each day. Follow it by rest for several hours in a comfortably warmed bed with massage. During the entire procedure, however, keep the ice-bag constantly applied to the spine. This will meet the objection to, and failure of the hot-bath alone. The amount of blood sent to the affected part will be thus diminished, while it is increased in the general circulation. The dorsal position should not be encouraged. Such patients ought to lie mostly on the side.

Heavy static sparks may be employed two or three times a week, or oftener, along the spine, with much benefit. In addition to all this, there must be absolute *rest* of mind and body. The fight must be made in this stage of *invasion* if success is expected, and must be vigorously kept up until the symptoms disappear or the disease has assuredly passed into the second stage.

The stage of established sclerosis or marked incoördination calls for a modification of the treatment. Bromides are no longer serviceable, and the same may be said of ergot. Iodide of potassium probably stands at the head of appropriate remedies, especially if syphilis is suspected. By its use the disease may be kept, at least, in abeyance for many years. All complications, such as the severe pains, incontinence of urine, con-

stipation and the like must be treated in an enlightened manner as a means of relief to the suffering patient. Belladonna or its alkaloid best controls bladder difficulties.

If I have one paramount object in presenting this subject, it is to add emphasis to the importance of an early or timely diagnosis in posterior spinal sclerosis. Time forbids the discussion of many interesting minor details. The history and symptoms are not always constant, but the leading phenomena, *in all cases*, are sufficiently prominent to awaken, at least, a suspicion of the true nature of the pathological lesion. Let these cases be no longer handed around as rheumatic ailments and neuralgias, and allowed to pass into such an advanced stage, that their relief and cure becomes one of the professional impossibilities.

#### A NEW CLINICAL FORM OF DIABETES.

A new clinical form of diabetes is described by Hirschfeld (*Zeitsch. f. klin. Med.*), which is characterized: (1) By violent attacks of colic which occur in the early stages of the disease but cease subsequently; (2) by a urine but slightly increased in quantity, and consequently often depositing sediment; (3) by a white color of the fecal matters without fatty masses being discoverable in them. In this form the absorption of fatty and albuminoid substances is much diminished, instead of remaining about the same, as in ordinary diabetes. The clinical march, in consequence of troubles of nutrition, is ordinarily rapid and grave. One of the principal therapeutic indications is a diet containing albuminous materials, in particular fatty matter and alcohol.—*Med. Record.*

#### BRONCHIAL ASTHMA.

The following (*The Prescription*, No. 1, 1892) is praised:

℞ Ammon. bromid., . . .	3iij.
Ammon. iodid., . . .	3ij.
Tinct. lobellæ, . . .	℞ 3j.
Syrup toltan, . . .	℞ 3iij.

One teaspoonful every one, two or three hours.

## DRUNKENNESS.

BY

W. R. AMICK, A.M., M.D.,

Professor of Ophthalmology in the Cincinnati College of  
Medicine and Surgery; Formerly Resident Physi-  
cian in the Cincinnati Hospital.

At the present time there appears to be considerable said on the subject of drunkenness, and we have concluded to say a few words on the subject too.

When a man is intoxicated the symptoms are generally sufficiently pronounced for a diagnosis to be made. However, there are cases that we occasionally see when it is a difficult point to decide as to whether the person is "dead drunk" or is suffering from some form of brain trouble. Physicians are aware that chloride of ammonium is a remedy that will "sober up" an individual who is intoxicated, in a comparatively short space of time.

In this article it is our intention not to speak of acute alcoholism, but of that class known as chronic alcoholics, those who have taken alcohol into the system until there has been a structural change produced in the brain and a morbid appetite created. Quite frequently, after a person has indulged in the use of alcoholic drinks for a long time, there is such a change produced in the nervous system that the desire for the stimulant is stronger than the will. The person then becomes a slave to this morbid appetite, and, at the same time that he may express a desire and even make an effort to quit, yet the change in the nervous system is so great that the "good intentions" have no control over the morbid craving for alcohol.

Some men, when they find that the habit is growing on them, make an effort to quit, and are very much surprised to find that they are in the grasp of the monster and he will not relax his grip at their bidding. Through social intercourse and business pursuits, persons have had the habit develop so gradually and insidiously that they did not know that they were victims until they made an effort to stop. Then, to their surprise, they find that the craving for drink was uncontrollable

by any will power that they could command.

If a man honestly and earnestly desires to quit drinking and cannot of his own volition do so, he would probably call on his physician and ask him for assistance. The question then arises with the physician, What shall I give this man? how shall I treat him? With the consent and desire of the victim to be cured, there are three courses that may be pursued. The first is, medicine to be taken into the system through the stomach; second, by hypodermic medication; and third, by a combination of the two.

A simple yet efficient prescription for allaying the craving for drink in dipsomaniacs is as follows:

℞ Tr. capsici, . . . . .	℥ x.
Tr. nucis vom., . . . . .	℥ x.
Ac. nitric dil., . . . . .	℥ xx.
Aquæ, . . . . .	℥ ii.

M. Sig. This quantity to be taken three times a day.

Dr. McKinley treated dipsomania in something like the following manner: He generally gave the man a pint of good whisky and let him help himself to as much as he wanted of it. If there was a sluggish action of the liver or a disposition to dropsy, he gave him a large dose of hydrargyrum protochloride dry on the tongue, to be washed down with whisky. Then the treatment consisted of a few large doses of ipecac dropped dry on the tongue and washed down with whisky. Generally two large doses of pulverized ipecac were given and afterward smaller doses. The diet to be light and whisky to be allowed as long as he wanted it, and in some cases to be given even after it had become nauseous to take.

The doctor's conclusions are as follows:

"First, that medicine offers the confirmed inebriate relief from the trammels of appetite, with as much certainty as relief from any other pathological condition.

"Second, that what is done by specialists in the treatment of chronic drunkenness can and should be done equally well by the profession at large.

"Third, that reformation by the aid

of medicine has a solid and real foundation in changes of structure on which appetite depends; which purely moral reformations lack, and are, therefore, less permanent."

Dr. D'Angus discovered a specific for drunkenness which is said to be a positive cure. Mr. Medill stated that it had cured 2,800 cases without a relapse in a single instance. This formula has been used as a secret remedy for the cure of chronic alcoholism, and that it possesses remedial qualities in this disease is established beyond the question of a doubt. It consists of a preparation of red Peruvian bark, the cinchona rubra of the dispensatory. A pound of the bark is coarsely powdered and macerated in a pint of alcohol until the virtues of the bark are extracted. It is then evaporated to one-half a pint. A teaspoonful of this is given every three hours for two days; after that the dose is reduced to a half teaspoonful, then a quarter of a teaspoonful, then fifteen drops, then ten, and finally five. The cure is effected in from one to two weeks, though in extreme cases a longer time will be required. This is a remedy that is easily tried, and it has this advantage, if it does not do any good it will not do any harm. It is a good tonic to be used for the depression of the nervous system when a person breaks off the long-continued use of an alcoholic stimulant suddenly.

Some men are dipsomaniacs because they want to be; at least there is no effort put forth to be otherwise. Their relations and friends would like to have the habit broken up, and they consult the physician to know if they can procure something that can be administered secretly. For this purpose sometimes the following is used:

⚡ Powdered capsicum,	1 part.
Powdered ginger,	8 parts.
Powdered bayberry root	
bark,	16 parts.

M. Sig. A small quantity to be placed in a cup of coffee.

On account of the color of the coffee it would not be seen, and a few drops at the bottom of the cup would not be suspected as anything except coffee-grounds. There are other medicinal

agents, some of which can be put directly in the whisky itself, and the person drinking the whisky would not know it.

We will now speak of the method of treating inebriates by hypodermic medication. There is this difference between medicine given by the mouth and hypodermically: The former can be prescribed and the patient given the necessary instructions as to how it should be taken; the latter must always be administered by the physician himself.

Nitrate of strychnia has long been known as an agent that has a powerful influence in controlling the desire and craving for alcohol when given hypodermically. It not only allays the craving for drink, but it has a direct effect upon the brain and nervous system.

Alcohol at first stimulates and causes a fullness of the vessels that may amount to a congestion. If this condition is continued long enough the effects will be the same as an engorgement and dilatation from any other source. The secondary effects are just the opposite of the first, and we have the engorgement giving way to contraction, showing that a vaso-motor disturbance has been produced by the unnatural and long-continued congestion.

The effect of alcohol upon the nervous system may be seen and demonstrated by its effect upon the optic nerves. The pathological effect is atrophy following inflammation of the axial fibres of the nerve. Here in the second pair of cerebral nerves we have an actual demonstration of the structural change produced in the nerve and its effect upon vision.

If alcohol can so change the organic structures of the optic nerves as to partially or completely destroy vision, why may it not act on the cerebral centres in such a manner that a morbid or depraved appetite may be produced?

The reflex function of the brain and spinal cord are changed by keeping the system saturated with alcohol in such a manner that frequently the power of the will is completely subservient to the dominating influence of desire.

The process of change in these cases is generally a slow one, but when it has once taken place it controls the individual.

For a given treatment to be successful it must overcome or break up this unnatural condition. For this purpose, with the hypodermic method, some potent agent like strychnine is necessary. It may be used by itself or in combination with some other agent that has the peculiar property of antagonizing the influence and change produced by the alcohol. In some of the methods that are used strychnine does the work, or if not all of it, at least the principal portion of it, and gets no credit for what it does. Strychnine may be combined with the chloride of gold or sodium or both.

The object of the hypodermic method is to make such a powerful impression upon the nervous system that it will break the bonds that have held the victim captive; to overcome the tyranny of the habit, loosen the shackles and let them fall off like they did from Acetes of old. Then they can walk forth out of the prison in which they have been confined and be free to proceed on a career of sobriety without being entrained by a morbid appetite.

That the chlorides have an influence in overcoming the effects of alcohol upon the system is shown by the short space of time that is required to sober up a drunken man with the chloride of ammonium when taken into the stomach. This is an indirect way of making an impression upon the system as compared with the hypodermic. The effect produced is different, as it should be; for a different object is intended. But when a structural nervous change is to be overcome, the impression made with the hypodermic is more potent and a small "shot" of the same agent will be more effective. This is the reason why chloride of ammonium would have to be used hypodermically if we wished to overcome an organic change. Most physicians are aware of the fact that, with certain drugs at least, they can get an effect when they are given hypodermically that they cannot get when given by the mouth.

We had intended to give an outline of the treatment, the formula and method of using, together with the symptoms produced by it, of what is known as the "Double Chloride of Gold Cure for Dipsomania." Want of time prevents our doing so now, but at some convenient season we will do so.

193 West Seventh Street.

#### CAMPBOR-MENTHOL IN CATARRHAL DISEASES.

In the *Four. Amer. Med. Assoc.*, October 24, 1891, Dr. Seth S. Bishop gives his very favorable experience with this compound, the liquid resulting from rubbing together equal parts of camphor and menthol and diluting with a mineral oil. It gave excellent results in relieving the swelling and irritability of acute nasal catarrhs, improving the character of the discharge, and by a few repetitions securing the relief of the stenosis and obviating the operative measures which had seemed unavoidable.

Its effect in laryngitis has appeared as happy, and its injection through the catheter into the Eustachian tube and tympanum has been attended by only good results. For the latter purpose a solution of 3 to 5 per cent. is as strong as is safe; most noses and larynges will bear 10 per cent., while in marked hypertrophic rhinitis, with copious discharge, even 25 per cent. is well borne. "Finally, camphor-menthol contracts the capillary blood-vessels of the mucous membrane, reduces swelling, relieves pain and fulness of the head or stenosis, arrests sneezing, checks excessive discharge and corrects perverted secretion." — *Therapeutic Gazette.*

#### DELIRIUM TREMENS.

The following (*The Prescription*, No. 1, 1891) is highly spoken of in delirium tremens:

R Chloral hydrat.,	3jss.
Potass. bromid.,	3lj.
Spirit. ether comp.,	fl. 3ij.
Tinct. valerianæ,	fl. 3iij.
Aquæ.	fl. 3vj.

One teaspoonful every two, three or four hours until the patient becomes quiet.



## A DEATH FROM CHLOROFORM.

A Paper read before the Marion County (Ind.)  
Medical Society, at Indianapolis,  
January 26, 1892,

BY

WM. N. WISHARD, A.M., M.D.,

Professor of Genito-Urinary and Venereal Diseases in the  
Medical College of Indiana, etc.

*Mr. President and Gentlemen:*

I have been requested by a number of members of this society to present a report to-night upon a death from chloroform which occurred in my practice on last Monday, January 18, 1892, at St. Vincent's Hospital, in this city. In complying with the request, it is not my intention to go into an extended discussion of the use of anæsthetics, but rather to give a report of this case as a basis for discussion of the general subject by this society.

The patient, Mr. I. L., aged fifty, referred to me by Dr. Theodore Kern, of Kokomo, Ind., had been suffering some seven or eight months with a prostatic cystitis; he had a specific urethritis about eight months ago, followed by a prostatic abscess, and this abscess had opened spontaneously in the perineum, and also, as was shown by post-mortem examination, had opened into the prostatic urethra. There were, in consequence, three or four openings, through which a portion of urine passed at each effort to empty the bladder.

The operation contemplated was to make a median perineal opening and curette out the fistulous tracts, and to use prolonged drainage through a tube, introduced through the perineal opening, to secure rest and drainage for the bladder and closure of the fistulous openings. The perineum was bathed with pus on the day I first examined the patient, and I was told by Dr. Kern that more or less active suppuration had been indicated by the amount of pus which had been drained constantly through the perineal openings. The patient's general condition was apparently fair, considering the asthenic influence of the long-continued suppuration. He was a man of good physique, but somewhat emaciated and enfeebled

by his illness. He complained of nothing aside from the foregoing which would suggest the impropriety of using anæsthetics. It was evident that he must die ere long as a result of the drain upon his vitality if the bladder was not put to rest by drainage. The probability of early renal involvement was an added reason for immediate effort at surgical relief, and the patient was anxious that the operation should be done at once.

The use of the anæsthetic was begun at 3:15 p.m., in the clinic-room at St. Vincent's Hospital, in this city, in the presence of the class of the Medical College of Indiana. The inhaler used was an ordinary paper cone, and was held by my assistant, Dr. John Akester. I had directed him to give chloroform until the patient was relaxed, and then to substitute ether in order to shorten the first stage of anæsthesia and thereby shorten the time the patient would be under the anæsthetic. I personally observed and directed each step of the administration of the anæsthetic, and the operation had not commenced at the time the patient died. The chloroform was applied to the cotton twice. Dr. Akester says that he put not to exceed one drachm upon the cotton the first time. The inhaler was held near the patient's face, perhaps at first some six or eight inches from the mouth, and gradually held closer, but at no time held tightly over the mouth or in such position as to exclude atmospheric air. Squibb's chloroform was used. The patient struggled somewhat violently during the first two or three minutes, and did not seem to be getting enough of the anæsthetic to produce relaxation. I then directed Dr. Akester to put a little more chloroform upon the inhaler. I saw the amount applied the second time, and am sure it did not exceed one drachm. After the patient had taken perhaps three or four inhalations, and while I was standing at his right side, holding his lower limbs, and with my face toward him and my back toward the class, his legs suddenly relaxed, and Dr. Frank Hutchings, who was standing upon his left side, holding his finger upon the pulse, warned me that the

pulse was growing very feeble. I was watching the patient's facial expression and respiration at the time, and, as Dr. Hutchings spoke, I noticed the blanched expression of the patient's face and that his respiration at that moment stopped. The anæsthetic was instantly withdrawn, and, with the assistance of others, I lifted the patient off the upper end of the table and held his head down toward the floor. The face colored slightly and he was again put upon the table, the tongue pulled forward with a pair of forceps, the chin elevated and artificial respiration commenced. As the tongue was drawn forward, the patient gave a slight gasp, which was subsequently repeated once or twice. Nitroglycerine, tincture of digitalis, and strychnine were successively used during the succeeding five or six minutes by hypodermic injection. Sharp pressure was made over the epigastrium and efforts at artificial respiration constantly maintained. After the patient had again been placed upon the table, Dr. Hutchings placed his ear over the heart and said he could hear a slight fluttering. This was after the faint efforts at breathing above referred to had ceased, but there was no radial pulse. My first impression was that the heart had ceased first as my attention was first called to it by Dr. Hutchings while I was watching the patient's breathing, which ceased almost simultaneously with the remark made by Dr. Hutchings. In reviewing the case now, it seems probable that my first impression, that the heart had ceased before the respiration, was not correct, as Dr. Hutchings heard the heart beating faintly after the two or three slight efforts at respiration had ceased. A battery was not at hand when the collapse occurred, and I do not believe if it had been instantly applied that it would have availed anything, as I never saw death come with such terrific suddenness.

Dr. Akester, who was using the chloroform under my direction, has had frequent experience and observation in the use of anæsthetics, and I regard him as unusually careful and capable. In this instance it might be said that I was practically administering the anæsthetic

myself, inasmuch as I had told Dr. Akester exactly what I wanted done and was standing by watching the patient breathing and personally directing each step. The operation had not begun, and in reviewing the case now I cannot see anything in the detail of the steps taken which could or should have been different, and can only regard the result as one which may happen in the experience of any surgeon.

I was present at the post-mortem. The heart was perfectly normal in appearance, as was the right lung. There was some apparently recent congestion of the lower lobe of the left lung, which, however, was not apparent on physical examination of the chest before death. There was evidence of a recent mild peritonitis. The liver was unduly hard and friable. Both kidneys were a little larger than normal and somewhat congested, and were quite friable. I obtained specimens of the heart, both lungs, the liver, and both kidneys, and gave them to Dr. B. Hessler, Demonstrator of Pathology in the Medical College of Indiana, for microscopical examination, and I submit his report below. I have learned since the patient's death what I did not know at the time, namely, that he had led a dissipated life, and had long been addicted to the excessive use of stimulants. It seems fair to presume in this case that death was not due alone to the chloroform poisoning. The patient's vitality had been lowered by long-continued suppuration resulting from the prostatic abscess, and the personal history obtained since his death, together with Dr. Hessler's report, suggests that there were other factors which can reasonably be regarded as having had a potent influence in producing the fatal result.

It is interesting in this connection to note the practical conclusions resulting from the Second Hyderabad Commission. This second commission summarizes its conclusions under fourteen different headings. I quote their third, fourth and fifth conclusions as bearing upon this case: (1)

<sup>1</sup> See *Sajous' Annual of the Universal Medical Sciences*, 1891, Vol. III.

"3. To insure absolute freedom of respiration, tight clothing of every kind, either on the neck, chest or abdomen, is to be strictly avoided; and no assistants or bystanders should be allowed to exert pressure on any part of the patient's thorax or abdomen, even though the patient be struggling violently. If struggling does occur, it is always best to hold the patient down by pressure on the shoulders, pelvis or legs, without doing anything which can by any possibility interfere with the free movements of respiration.

"4. An apparatus is not essential and ought not to be used, as, being made to fit the face, it must tend to produce a certain amount of asphyxia. Moreover, it is apt to take up part of the attention which is required elsewhere. In short, no matter how it is made, it introduces an element of danger into the administration. A convenient form of inhaler is an open cone or cap with a little absorbent cotton at the apex.

"5. At the commencement of inhalation, care should be taken by not holding the cap too closely over the mouth and nose to avoid exciting struggling or holding the breath. If struggling or holding the breath occurs, great care is necessary to avoid an overdose during the deep inspirations which follow. When quiet breathing is insured, as the patient begins to go over, there is no reason why the inhaler should not be applied close to the face; and all that is then necessary is to watch the cornea and to see that the respiration is not interfered with."

The following is Dr. Hessler's report:

#### MICROSCOPICAL EXAMINATION.

"The organs examined microscopically were the liver, the two kidneys, right and left lung, and the two ventricles of the heart. A number of sections were made of each. The only abnormal or pathological condition that appears to be common to all these organs is an amyloid degeneration of the walls of the arterial blood-vessels.

"The liver, heart and one of the lungs are apparently normal, excepting

the slight amyloid degeneration of the blood-vessels. One of the lungs is considerably congested, and seems to be somewhat emphysematous.

"The kidneys are inflamed. In one the epithelial lining of the tubules is swollen and distorted; a tubal or parenchymatous nephritis was apparently going on. Some of the tubules contain clear or hyaline 'tube-casts.'

"The other kidney is a typical case of 'sclerosed kidney.' The interstitial tissue is very much increased, in some places to such an extent as to entirely obliterate the tubules. Small groups of dilated tubules minus their epithelium are common.<sup>(1)</sup> Normal tubules are comparatively rare. The epithelium of the non-contracted tubules is in an inflamed condition. The walls of the arterial blood-vessels are very much thickened, as is usual under such conditions.

"Amyloid degeneration of the walls of the blood-vessels occurs in both kidneys, as has already been mentioned above.

"Sections examined: Lung, six; liver, four; heart, three; kidney, six; kidney, thirteen. B. HESSLER."

January 26, 1892.

<sup>1</sup> "These dilated tubules are invariably filled with cellular elements minus a nucleus. They were at first sight thought to be blood, but they do not stain as blood usually does. As suggested by Green (Pathology, p. 404), they are perhaps epithelial proliferations, with some escaped cells from vessels."

#### RESORCIN IN GASTRITIS.

Resorcin is recommended by Dr. Menche (*Centraltb. für klin. Med.*) not only in the diarrhoea of young children but also in the various forms of gastritis, a tablespoonful of a 2 per cent. solution being the adult dose. It has also been successfully employed in the sickness of pregnancy, sea-sickness and peritonitis. It appears to exert an anodyne action on the gastric nerves, and in larger doses upon the central nervous system. Four-grain doses produce quiet sleep in general nervous excitability and in the insomnia of typhus and phthisis.—*N. Y. Med. Record.*

## Society Reports.

### ACADEMY OF MEDICINE.

#### OFFICIAL REPORT.

*Meeting of January 4, 1891.*

The President, GILES S. MITCHELL,  
M.D., in the Chair.

T. V. FITZPATRICK, M.D., Secretary.

#### *Discussion on La Grippe.*

DR. JAMES T. WHITTAKER:

By "*La Grippe*" is meant something in the nature of a seizure. It comports well with its sudden onset. Influenza was the Italian expression for an outside cause, different, therefore, from the common genesis of disease which sprang from within. It is generally admitted that we have influenza with us now, although everything from a tonsillitis to a tuberculosis is called grippe. It is true that at the end of the year the mortality report is not any greater than otherwise, but it makes much difference whether or not the deaths be diffused or concentrated. It is known to be carried by human intercourse and to follow lines of travel. When first heard of it was raging in the far East. This was in 1888. About the 1st of October, 1889, it reached Bokhara; from thence it was carried to St. Petersburg. By December 1 it was in Berlin, a little later in London, and by the middle of December in New York and Philadelphia, and by January 1 it was in Cincinnati. It is said to be conveyed by the winds, and from one person to another, but it is known to travel against the wind, *i. e.*, by human intercourse, consequently it must be a micro-organism. It is known by three distinct sets of symptoms: the nervous, the gastric, and the catarrhal.

The speaker here described these symptoms, emphasizing the fact that the grippe with us this time shows prominence of symptoms of nervous depression. The danger is in heart strain and failure in old people. The speaker does not use much phenacetin, still less antipyrine, but more Dover's powder and quinine, with salicylate and wine.

He brought with him a sample of salicylate of cinchonidia, which he often gives in cases of grippe either in powders or in capsules of five grains each. It supports the heart much better than the other salicylates.

DR. SETH EVANS:

I would like to add my testimony to what has been said by reporting a case which occurred in my own family, where the chief symptoms were on the part of the gastric system. The patient, after suffering for a day or so with the usual depression and pain, suddenly began to vomit. This vomiting soon became stercoracious and was extremely profuse. No obstruction of the bowels could be found, the same having moved freely the day before, nor was any hernia present. After twenty-four hours of fecal vomiting as profuse as is seen in acute intestinal obstruction, and when the patient was pulseless at the wrist, the vomiting ceased, and a recovery, without sequelæ, was made.

DR. STEWART:

I should like very much to get an expression of opinion from the members upon a point in reference to *la grippe*. It has seemed to me that the grippe frequently acts as a predisposing cause to the development of latent systemic tendencies. I have noted two cases of acute articular rheumatism following pronounced symptoms of the grippe. Another frequent result is the production of marked dyspeptic symptoms in persons who are the victims of dyspeptic troubles. I do not mean to imply that the grippe produced articular rheumatism, for the microbes producing the two diseases must be totally different, but I do believe that there is some predisposing causal connection between the two.

DR. LOUIS SCHWAB:

In addition to what has been said by the previous speaker, I desire to report a complication observed in one case in which there was an absence of bronchial mischief, but in its stead an acute inflammation of the kidneys. The patient, a man forty-four years of age, was taken sick on December 19, 1891, with all the symptoms of *la grippe*.

Three days later he had a second chill, followed by fever and a pain in the hepatic region. The depression so generally observed in all these cases was very marked, and several times during the fourth day of the disease he had distinct attacks of syncope. The liver was found to be somewhat enlarged and quite tender to the touch. Vomiting also occurred during this stage. Attention was drawn to the urine by complaints from the patient that it was voided with difficulty because it seemed so heavy. Upon examination it was discovered to be a smoky, syrupy liquid and full of albumen, blood-cells and casts. The quantity gradually diminished until scarcely twelve ounces were passed during twenty-four hours. During the following week all the characteristic symptoms of acute Bright's disease appeared and on the sixteenth day the patient died of uræmia.

In many other cases of the disease under consideration scanty urine has been observed. Is it not possible that many of the peculiar nervous troubles spoken of may be due to impaired kidney function, if not to disturbance of the structure of this important organ? DR. ROBERT CAROTHERS:

I have prescribed salicylate of cinchonidia in tablet form in *la grippe*, and can testify to the efficacy of this remedy.

#### NEURALGIA.

In neuralgia the following (*The Prescription*, No. 1, 1892) is recommended:

℞ Aconitæ, . . . .	grs. iv.
Veratriæ, . . . .	grs. xv.
Glycerin., . . . .	fl. ʒij.
Cerat., . . . .	ʒvj.
Apply locally.	

Be certain that there are no abrasions in the skin!

It is proposed to hold in Paris, in 1893, an international congress composed of physicians, jurists, hygienists, economists, and sociologists, for the study of questions relating to prostitution and the propagation of syphilis.

## Translations.

### PARISIAN MEDICAL CHIT-CHAT.

Translated from the *Journal de Médecine de Paris*,

By T. C. M.

#### *A Statue to Doctor Theophrastus Renaudot—A False Recognition—Philanthropy of a Bad Standard.*

One of the most amiable men in the medical profession, who is at the same time a most curious erudite in ancient matters, is Dr. Gilles de la Tourette, who, like a second Peter the Hermit, is making a new crusade. He preaches with goodly words in favor of a good work, a work of justice and national reparation. We shall not insist that his zeal is suspected. Dr. de la Tourette, in urging the erection of a monument for Dr. Renaudot, the creator of French journalism, has certainly not thought of recalling the fact that a large volume has been consecrated to the memory of his hero—a volume filled with pleasing recollections. He simply wishes to reproach our profession for its indifference—we might add ingratitude—to one of the most glorious men in medicine.

It cannot be said that Renaudot has been left in the shadows of death by our historians. We must admit that Doctors Hatin and Roubaud, of Cheveau, and Saint Beuve himself, have written beautiful works on the deceased, in which are mentioned his "innocent inventions," as he modestly loved to call them, with all the sympathy they merit. Is it necessary to say more? Does Renaudot truly merit the title of prophet which has been so generously bestowed. "A most singular man for his time," remarks Maurice Reynaud, "a true friend of progress, although himself not without bitter prejudices nor contradictions. He came into the world with rare qualities of mind and character, which alone assured him a brilliant future career in whatever he might undertake. His mind, endowed with more rectitude than elevation—but, as

if in revenge, marvellously inventive and industrious—an extreme activity, ever manifest, aided by a grand physique and iron health, made his life one most prodigiously and diversely occupied.”

For a quarter of a century Dr. Renaudot held the breath of opinion, struggling against the omnipotence of a medical faculty jealous of his secular privileges, endowing the great city, of which he was only an adopted citizen, with many useful institutions, creating at his personal expense the first free dispensary and laboratory, the first free pawn-shop; organizing in his own house, situated in an obscure street, the first scientific conferences—establishing in the same building a public office, founding therein the first political journal that survived its infancy. Perhaps we might discover, were we malicious, that Renaudot was a cunning cultivator, a happy reaper in a field laboriously cultivated. In establishing his public information office, it was suggested to his mind, he acknowledges, by reading Aristotle, and also of the methods, more advanced, of Father Montagne, the sire of the celebrated Montagne, who said that all villages should have a designated place at which all citizens should proclaim their wants and register their needs to a public officer; and Father Montagne gives some quaint examples of his ideas: “I wish to sell pearls, for instance, or I wish to buy them; I wish a companion to travel with me to Paris; I desire to employ a servant, or to be employed as one by some gentleman of quality; I wish such a kind of work to do, or such a class of workmen,” etc.

In the hands of Dr. Renaudot this information or employment office was extended; from an ordinary simple affair it shortly became a full-fledged bureau of general information, an indicator of all human business transactions. Poor working people found the addresses of physicians and surgeons, and even apothecaries, who were willing to prescribe or compound gratuitously. Those attacked by secret diseases, or patients living far off from famous doctors in whom they had confidence, might make a repository of their secrets

to this office as an intermediate agent, according to a plan prepared by the medical bureau; aid and consultation were promptly furnished for all who expressed the desire. Celerity and discretion—old game in a new disguise. You could be provided with chamber-maids, copyists, cooks or confectioners. You could be placed in conjunction with priests, preachers, printers, masters and apprentices. You could purchase furniture, pictures, houses, farms, medals, wild animals, birds and fishes—everything at home and from abroad—men, beasts and musical instruments. Did you desire experts to treat your diseases, good medicines, mineral waters, hot baths, cold baths? Knock at Dr. Renaudot's door and have anything you desired. Did you desire to know where first-class foods fit for sick people were to be found—meat jellies, beef tea, fine fruits, choice poultry, delicious vegetables? Dr. Renaudot could tell you where to go or could secure them for you if desired, either fresh or prepared in any manner one might indicate. Doctor Renaudot consecrated to this work all his time and money, if we are to believe his historians. He paid out over ten thousand dollars per annum, besides his time and painful labor, to give to those patients too poor to pay for the remedies and foods they required.

Doctor Renaudot never hesitated to sound his own praises and great philanthropy; it is this fact that leads us to dislike the man's career. Renaudot, it is true, established in his pandemonium on the Rue Calandre a true dispensary. It was here he established the foundation of the most interesting, if not the least interested, business. He had his consultations here, one might almost swear, to make more easily his gains. Doubtless he never revealed, only in disguised words, the egotistical purpose of his peculiar institution. Charity was the mantle which served to cover his merchandise—at least that was the avowed purport to the crowd who demanded his assistance.

Those who came to ask his advice were of three classes, and their diseases of three kinds:

The first were the rich or well-to-do, who were always very liberal in helping anything destined to heal the poor, which was not the half what their consultations cost them.

The second class, poorly off, could not donate directly to Dr. Renaudot's great charity; however, they were really not in need of alms—they could pay the apothecaries for their prescriptions. Those who received free prescriptions only received gratuitously the advice given them.

The third class were the beggars, who dwell in every community; these were given free prescriptions and medical advice, and could then beg for alms on the public highway to secure money to pay for the apothecaries' remedies; these latter worked for the poor, of course, without charge for their labor, and only asked cost price for their drugs.

One can see that this was not all charity. The apothecaries, whom Renaudot managed, contributed to support his great bureau. Everybody contributed for the poor in such a scheme—even to poor Doctor Renaudot.

#### THE TREATMENT OF SYPHILITIC PSORIASIS PALMARIS.

Drs. Wells and Hunter (*Le Bulletin médical*, No. 96, 1891) treat this rebellious form of syphilitic eruption as follows: A common hat-box is taken and turned topside up; a hole is cut in the side large enough to pass the hand through; a small tripod, with a porcelain vessel thereon with some calomel in it, is placed in the box with a spirit lamp beneath. The lamp is lighted, the hand introduced and fumigated. The hand being held immediately above the capsule, the sublimated calomel is deposited on the lesions. Good results are claimed by the writers.

#### TO CALM THE ITCHING OF HERPES ZOSTER.

Dr. Leroy (*La Semaine médicale*, No. 56, 1891) quiets the itching of the herpes zoster vesicles by a spray of a chloral solution.

### THERAPEUTIC NOTES

FROM FRENCH AND ITALIAN JOURNALS.

TRANSLATED BY  
F. H. PRITCHARD, M.D.,  
NORWALK, O.

#### TREATMENT OF INFLUENZA.

*Phenacetine*.—Drs. J. P. Henry and Weiss-Clemow (*La Semaine médicale*, No. 96, 1891) have obtained excellent results with phenacetine in the treatment of influenza. The dose is thirty-five centigrammes (five grains), in the form of a powder, one to be taken every four hours until the pains disappear. The temperature rapidly falls, the pains in the back and head yield, and profuse sweating terminates the disease.

*Salicine*.—Dr. Turner (*Le Bulletin médical*, No. 96, 1891) has treated more than two hundred cases of influenza with salicine in large doses, one gramme (fifteen grains) every hour. He asserts that it aborts the febrile state and removes the infectious character of the disease. The earlier the remedy is given, the more active it seems to be. He has observed no complications in his cases during this treatment, and has had neither bronchitis nor pneumonia follow.

*Chlorhydrate of Ammonia*.—Dr. Marotte (*Le Bulletin médical*, No. 96, 1891) has had excellent results with the chlorhydrate of ammonia in the treatment of the grippe (see LANCET-CLINIC, August 22, 1891).

*Salicylic Acid*.—This drug has also been successfully administered.

*Eupatorium Perfoliatum*.—Boneset has been used with good results where the backache and bone-pains are especially prominent. It may be given in tincture or infusion. This drug was much used by early American practitioners in the treatment of influenza. Dr. Peebles (*American Journal of the Med. Sciences*, N. S., VII, 365) speaks in the highest terms of its usefulness. He employed it in many cases exclusively, and found it useful by its sudorific and laxative properties, when administered early in the disease by warm infusion, and in the later stages

as an excellent tonic when given in the form of a cold infusion.

**Quinine.**—The sulphate of quinine is recommended by the old writers only when the disease has assumed a periodic form (see LANCET-CLINIC, December 12, 1891, pp. 763 and 765).

**Gelsemium.**—This has been used with success by some practitioners in northern Ohio.

#### TREATMENT OF COLLAPSE.

One is often called to a patient with collapse, in which case the physician must act with rapidity. The physiological state is great lowering of arterial tension. The following is the treatment recommended (*Rivista clinica e Terapeutica*, No. 6, 1891):

1. Give large doses of alcoholic drinks, especially Malaga wine, sherry, champagne, brandy; etc. Ether and ammonia are also of service.

2. Black coffee, or better, caffeine, which is an excellent stimulant, and may be given in large doses with surprising results. In order to obtain these results caffeine must be administered in doses of one or two grammes (fifteen to thirty grains) for twenty-four hours. It may either be given in a potion or hypodermically. The following formula is recommended:

℞ Caffein. pur., } aa . gms. 1-2  
Sodii benzoat., } (grs. xv-xxx).  
Aque commun., . . . gms. 120  
(fl. ℥iv).  
Syrup corticis aurantior., gms. 20  
(fl. ℥v).

To be taken by the teaspoonful during the course of the day.

Or the following may be used:

℞ Caffein., . . . gms. 2.5  
(grs. xxxviiij).  
Sodii benzoat., . . . gms. 3  
(grs. xlv).  
Aq. destillat., . . . gms. 6  
(fl. ℥jss).

Dissolve in warm water. Inject one to four syringefuls in the course of a day.

3. Oxygen may be given by inhalation in order to support the insufficient oxygenation of the blood. Subcutaneous injections of oxygen have been proposed.

4. Hypodermatic injections of ether have been successfully used. One

gramme (fifteen minims) is sufficient, given from two to four times a day. In the worst cases four injections a day may be necessary. Moschus and its analogue, castoreum, are contra-indicated, as they produce, after stimulation, dangerous exhaustion.

5. Envelop the patient in cotton to keep him warm; rub him with alcohol, some aromatic fluid or turpentine. Large mustard plasters or mustard baths may be used. If necessary one may galvanize the pneumogastric. But if one desire a prompt tonic and stimulating action one should have recourse to hypodermatic injections.

#### TREATMENT OF LUPUS WITH LYSOL.

Dr. Phillips (*La Semaine médicale*, No. 58, 1891) cauterizes his lupus cases with lysol, and obtains results which are preferable to those from multiple scarification. He begins by removing the crusts, then touches the lupous parts and the adjacent surrounding skin with a probe dipped into pure lysol. He repeats this every day or every other day, and then less often, according to the reaction which follows, for they may produce a thick eschar which is impenetrable for the next applications. The immediate results are redness and some œdema of the skin and lupous spots; this reaction disappears as the lysol dries up. After some days the lupous spots become covered with a cicatrix, which, in appearance, differs but little from the surrounding skin, and is a great improvemet over that following multiple scarification. The application of lysol, it is true, is painful, but less so than scarifying. The pain disappears in two or three hours.

#### ATROPINE IN LEAD COLIC.

Dr. F. R. Humphreys (*La Semaine médicale*, No. 58, 1891) has used subcutaneous injections of atropine with excellent results in lead colic. Indeed, the rapidity with which it acts is simply astonishing. In six cases he caused the pain, constipation and other morbid symptoms to disappear by subcutaneous



injection, once a day, of the ordinary dose of atropine. The remedy may also be administered by the mouth, in doses of  $\frac{1}{100}$  grain, repeated three or four times a day. Already the first dose is followed by some relief; the next day the patients have a movement of the bowels, and feel quite well. He also gives at the same time the iodide of potash to favor the elimination of the metal.

#### TREATMENT OF OZÆNA BY PYOC-TANINE AND LANOLINE SALVE.

Dr. Demme (*La Semaine médicale*, No. 57, 1891) has successfully treated several cases of ozæna with a pyoc-tanine lanoline salve. This ointment is applied by means of a copper sound, two millimetres in thickness, tipped with a piece of cotton. This is dipped into a 20 per cent. pyoc-tanine-lanoline salve and rubbed into the nasal mucous membrane with gentle massage. Each nasal cavity is massaged about one-half a minute. The séances should be repeated every day, and at least twice a week. With this treatment the writer has not only obtained a lasting disappearance of the fœtidity of the breath and of the crusts, but also an increase in size of the turbinated bones; in seven cases they even became hypertrophic and required the use of the galvanocautery. This treatment is, in general, well borne, but in some cases it causes cephalalgia, and has even produced an attack of tonsillitis.

#### WASHING OUT THE STOMACH IN ACUTE NEPHRITIS.

Dr. von Oefele (*La Semaine médicale*, No. 59, 1891) has obtained excellent results from lavage of the stomach in acute nephritis.

#### FISSURES OF THE NIPPLE TREATED BY ARISTOL.

Dr. Vinay, of Lyons, France (*Le Bulletin médical*, No. 94, 1891), treats fissures of the nipple with the following formula:

℞ Vaseline liquid, . . . gms. 20 (3v).  
Aristol, . . . gms. 4 (3j).  
Apply after each time the child nurses.

Ulcerations at the base of the nipple are rapidly modified by this treatment.

#### TREATMENT OF ALOPECIA AREATA.

Dr. Moty (*Rivista clinica e Terapeutica*, No. 10, 1891) has successfully treated several cases of alopecia areata by subcutaneous injections of 2 to 5 per cent. solution of corrosive sublimate around the bald spot; only five or six drops should be injected at a time. It causes neither pain, nodules nor disagreeable symptoms, and better results than any other method.

#### TOOTHACHE.

The German dentists (*La Semaine médicale*, No. 56, 1891) scarify the gum and paint with iodine.

#### PUBLISHER'S NOTICES.

AN interesting article in the New York *World* of January 22 contains the following:

With some drugs, knowledge of whose effects has become widely diffused, little danger attends their popular use, but with others there is a risk which should not be lightly assumed. Antipyrin, for instance, undoubtedly possesses properties which make it one of the most powerful remedial agents known to medicine, but its operation upon patients of various constitutions and in various stages of vigor differs greatly. While of the utmost value in the hands of the skilled physician, antipyrin may become injurious when injudiciously used by the laity.

In an interview printed in the same article Dr. G. M. Hammond says of antipyrin:

I have used it very frequently, for the purpose of reducing temperature, inducing sleep and for the relief of pain, particularly the pain of congestive headaches and migraine; neuralgias, where the pain is not too severe; moderately severe cases of sciatica and other forms of neuritis, and for the pains of locomotor ataxia.

I have used it in many cases of grip, particularly in those cases attended by a rise of temperature, headache and muscular pains, and have always found it efficacious in abating these symptoms.

When asked about the adverse criticism occasionally appearing in the daily press respecting the drug, the doctor said:

It is a notorious fact that any one can purchase antipyrin and other similar drugs at drug stores in almost unlimited quantities. It is also notorious that laymen take these drugs unadvisedly, without stopping to consider what the effects of the remedy will be. They have heard it will cure headaches, so they take it. In the majority of cases no harm results, and should not result if the individual was strong and healthy, but some people suffer from organic and functional heart affections and from other diseases without being aware of just what the trouble is. In such instances antipyrin may do harm. So may many other excellent and useful drugs. A skillful physician would not prescribe antipyrin under such conditions, or else would combine it with some other remedy so as to overcome any injurious tendencies.

# THE CINCINNATI LANCET-CLINIC:

*A Weekly Journal of*

MEDICINE AND SURGERY

ISSUED EVERY SATURDAY.

EDITORS:

A. B. RICHARDSON, M.D.

J. C. OLIVER, M.D.

L. S. COLTER, M.D.

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## Editorial.

### HOW TO REGULATE MEDICAL CHARITY.

Everybody knows how easy it is to find fault with the present order of things, to point out imperfections and short-comings, but everybody also knows the difficulty that is experienced when he attempts to suggest a plan for improvement, or to show the steps to be taken in order to bring about a betterment of affairs. Destructive reasoning is remarkably easy, but constructive ability is not so often displayed.

When we consider the vast amount of free work done by the medical profession it requires no genius to make the discovery that there is something amiss with the times and customs. From some personal observations we believe that the general public has no idea of the time and labor which medical men devote to their fellow-creatures without any expectation of pecun-

iary reward. We have really been surprised to find how general is the belief that physicians receive comfortable salaries for the attention they give to hospital patients; and when told that such service is gratuitous, they almost invariably claim: "Why! how can a doctor afford to waste so much of his time?" When we answer that a physician obtains renown and reputation among his fellows by reason of his hospital position, people are very prone to venture the remark that most hospital physicians must be young men. But why continue a conversation with which nearly every practitioner is familiar?

There is one point we desire to direct attention to which is overlooked, or at least provision is not made to meet it; we refer to the fact that patients, after being discharged from a hospital, are frequently in need of help and advice. They came to the hospital without means, and of course leave the institution in the same condition, so far as financial resources are concerned, but they are handicapped by their illness from being able to immediately earn a living. We have often felt that they experience more real suffering after leaving a hospital than they did during their sojourn in the institution, and the natural tendency must be to obtain a livelihood by dishonest or immoral means. Take the case of the unfortunate girl who has given birth to a child, but who has no husband to shelter or care for her. She leaves the hospital with the evidence of her lapse from the paths of virtue, and no one will accept of her service save those who will reap a benefit from her further continuance in a life of vice. Virtuous women shun such an unfortunate sister, and harden their hearts against any appeals for

pity; so she becomes literally an outcast.

Our personal experience with this class of patients convinces us that the majority are good girls, who have largely through a lack of knowledge been led astray; very few are prostitutes. We venture the assertion that nine-tenths of these girls, if properly cared for, would never repeat their folly unless driven to it by coldness and scorn.

It seems to us that just here is where a band of good women, actuated by kindly love for their sisters, could do a magnificent and truly benevolent work; but women seldom show any consideration for an erring sister. This feeling of women is one strange contradiction in their character.

Now to return to the subject under consideration. Why can we, as physicians, learn something from what has been done in the work of general charity? Among charitable organizations it was found, upon investigation, that many families were enabled to live, year in and year out, upon the assistance they obtained from various charitable organizations. We have just seen the statement that in the city of Philadelphia, previous to a consolidation, there were six hundred different charitable organizations, and a comparison of the books showed that many families obtained regular supplies from several of these. Now that they are consolidated the chances for fraud and deception are vastly less.

The Associated Charities of our own city have shown conclusively the value of coöperation and unification of the work. Each case soliciting alms is investigated and the manner and amount of relief is determined by the result of personal observation. This is a sensible and logical manner of pro-

cedure, and the results have been excellent.

At present we are in the position of isolated and independent charitable organizations, for I am sure each physician is called upon to subscribe and prescribe for charitable purposes; there is no method in our work, and no doubt the work is often duplicated.

The only solution that seems possible for this condition is coöperation with each other and with the Associated Charities. Each case could then be investigated, the worthy subjects would receive their medical attention for nothing, the unworthy ones would be ruled out, and the physicians would receive just recompense for their labor. This arrangement would be fair for all, and what is more, *justice* would be done to the kind-hearted and generous physicians.

#### DRUNKENNESS AND CRIME.

In the *British Medical Journal* of January 16 is an editorial on the above subject which deals with the conclusions of Sir Henry James as set forth in a letter to the *Times* which is of decided medico-legal interest. The conclusions of Sir Henry are as follows:

1. In determining the legal character of the offense committed, drunkenness may be taken into account where it has established a condition of positive and well-defined insanity.

2. If it produces a sudden outbreak of passion occasioning the commission of crime under circumstances which, in the case of a sober person, would reduce the offense of murder to manslaughter.

3. In the case of minor assaults and acts of violence it can never form any legal answer to the charge preferred, but it may aggravate or mitigate the character of the act committed—probably aggravate it.

4. As to the effect that should be

given to drunkenness when determining the amount of punishment to be inflicted, no general rule can be laid down. Its existence may be considered, and may tend either in the direction of increasing or diminishing the punishment.

Sir Henry assumes, regarding the first of these propositions, that it is only when delirium tremens has become chronic and when the subject of it has lost all reasoning capacity and cannot distinguish between right and wrong, that it can be urged in extenuation of criminal acts. In other words, the old test of the McNaughten case should be applied. With this we cannot agree. The courts have long since outgrown the decision of the McNaughten case, and now recognize not only that the insane may be able to distinguish between right and wrong, but that they may do so while powerless to exercise volition in doing the one or refraining from the other. It is also true that whether delirium tremens be chronic or transient, the mental state is that of insanity while it continues.

As to the second proposition, we imagine that much difficulty will be encountered, practically, in determining the influence which drunkenness has in relieving responsibility for acts which are the result of outbreaks of passion. We cannot always compare the circumstances with those which would lead a sober man so to act, or compare the act of the person in question with that of a sober man under like circumstances, simply because we must compare the act of a given person with the previous acts of the individual himself. Its influence in reducing the grade of the offense should be decided by the evidence of premeditation on the one hand and by the evidence of the ability or inability of the

person to deliberate in the condition in question.

The ultimate question of responsibility in states of drunkenness must, we take it, be determined upon the evidence of responsibility of the person for the condition itself. It will always be dangerous for states of intoxication, alone, to be urged in extenuation of criminal acts. At the same time we must concede that many cases of drunkenness have their origin in defective states of the organism, are the inevitable outgrowth of structural deficiencies, and as such, do not, in strict justice, permit the same standard of responsibility as obtains in the average person. In such cases the cause of the drunkenness may be justly introduced in palliation of the crime and in proof of the inherent defects of the person.

Consequently, as to the third and fourth propositions of Sir Henry, it may be assumed that drunkenness itself is never to be urged in extenuation of crime, but the habits of the person in this respect, in connection with the other evidences of deficiency, may be shown as proof, more or less valuable, of such deficiency as mitigates the character of the crime committed.

As the writer of the editorial well says, we can scarcely conceive of circumstances in which we would be justified in insisting that a state of drunkenness should increase the punishment over what should be inflicted in the case of a sober man.

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DR. C. G. COMEGYS has gone to Washington to look after the bill to establish a Department of Public Health. We trust he will be highly successful in showing the necessity for the position referred to above.

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### PERVERSION OF OFFICIAL FUNCTIONS.

It is unnecessary to call the attention of our readers to the article in another page of this issue by Dr. W. N. Wishard, of Indianapolis, Ind., on "Anæsthesia." The doctor's standing as a physician and gentleman is too well known to cause such an article from him to be overlooked.

We refer to the matter for the purpose of indicating how far it is possible, occasionally, for an official to degrade the office he holds by making it the vehicle for the exhibition of personal pique and the display of a personal enmity. Dr. Wishard's paper gives the facts clearly as to the case in question, as far as the unfortunate occurrence itself is concerned. It was made the subject of investigation by the coroner, and the surprising verdict rendered that Dr. Wishard was guilty of gross negligence in permitting the administration of the anæsthetic by an undergraduate, and that the death was due to the want of proper attention on his part. Dr. Wishard's known carefulness and coolness, and the statement which he makes of the circumstances, belie this verdict. But what makes it much more reprehensible is the fact that the coroner is known to be a personal enemy of the doctor, the hostility dating back to the time when the coroner, then a candidate for the office, applied for membership in the Marion County Medical Society. He was opposed by Dr. Wishard on the ground that he had been guilty of unprofessional conduct in the city hospital investigation, which had been held some time previously. The evidence was referred to a committee of three disinterested physicians, and they decided that the applicant should first apologize to Dr. Wishard before he

would be eligible to membership. This he proceeded to do, but it can well be imagined that the memory of the apology was grievous to him ever afterwards. His utilization of the opportunities of his office to even up old scores can scarcely seem to elevate him in the eyes of his professional brethren. The evidence corroborates this opinion, as the Marion County Medical Society unanimously voted confidence in Dr. Wishard, and with only one dissenting vote passed a resolution of censure on the coroner for his exhibition of personal spite and enmity in the administration of official and judicial duties.

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### GOLD AND MANGANESE IN TUBERCULOSIS.

In the *Medical News* of January 30, Dr. O. N. Merrill, of Corinna, Me., gives the result of the hypodermatic use of gold and manganese in ten cases of tuberculosis, after the method of Dr. Blake White. From ten to fifty-eight injections were used, chiefly from thirty to forty. He states that the diagnosis was established by modern methods in each case, and was unquestionable.

The treatment extended over five months. Improvement was noted in each case. It embraced improvement in appetite, weight, pulse, temperature, cough and sweating. One seems to be entirely well, and all symptoms have disappeared. The disease was in the incipient stage. In another case of advanced disease marked improvement was noticed. The treatment was stopped when the symptoms became aggravated, to be again ameliorated by commencing the injections again. In the other eight cases a slight rise in temperature and acceleration of the pulse in the afternoon, and the occasional appearance of

bacilli in the sputum, show that they are not entirely recovered. Improvement in appetite was noticed in each case within two weeks.

The author speaks conservatively of the value of this treatment, and believes it is a decided aid, though not a specific.

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#### EDITORIAL NOTES.

WE were the recipients of the highly esteemed favor of an invitation to meet our eminent friends Dr. I. N. Love, of St. Louis, and Dr. McMurtrie, of Louisville, at the University Club on Tuesday evening of this week. The occasion was most enjoyable. The flow of—soul was, was—immense. It goes without saying, also, that with two such distinguished visitors, the feast of reason was such as to satisfy the most fastidious gourmand. After listening to the brilliant corruscations of our friend Love and basking in the radiance of his countenance, we can well appreciate the appropriateness in the selection which he made of a cognomen for his journalistic “bantling,” as he expresses it, the aptness in which had not so forcibly impressed itself upon us previously.

May we see them with us frequently, and may they always carry with them the assurance of the cordial best wishes of their Cincinnati brethren.

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WE regret the necessity which compels us to note the serious illness of our highly-esteemed fellow-physician Dr. J. H. Tate. He is suffering from a cerebral lesion, producing a paralysis of the left side of the body. At last accounts the doctor was comfortable, but because of his advanced age we fear that his recuperative powers will not

be sufficient to cause his return to health and strength. The doctor and his family have our very best wishes for his speedy return to his accustomed place.

WE are glad to see Dr. Nickles out after his severe illness.

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#### IN MEMORIAM.

DR. JOHN A. THACKER.

The committee appointed by the Academy of Medicine, upon the death of Dr. Thacker, brought in the following report:

This Academy has learned with profound regret of the death of one of its honored members, John A. Thacker, A.M., M.D., which occurred at his residence in this city on Saturday, December 10, A. D., 1891.

Dr. Thacker was born in Clermont County, Ohio, in 1833. He died at the age of fifty-eight. He was a man of scholarly attainments, of gentle, retiring and unaffected manners. He graduated from the Miami Medical College in 1856. He was for many years a member of the Faculty of the Cincinnati College of Medicine and Surgery. He was also the founder, and at the time of his death the editor and proprietor of, the *Cincinnati Medical News*. In his capacity as editor he was best known, being an able critic and fluent writer. He was also well known as a microscopist, and was a Fellow of the Royal Microscopical Society of England.

Dr. Thacker did not contribute many papers to this Academy nor frequently participate in discussions. When he did speak, however, he commanded most respectful attention.

He died childless, but leaves a widow to mourn his death. In this sad bereavement this Academy offers to her its sincere sympathies.

THAD. A. REAMY,  
W. S. TINGLEY,  
MAX KOEHLER,

Committee.

## DR. E. S. MCKEE IS A BENEDICT.

The December number of the *MEDICAL MIRROR* publishes a handsome picture of our townsman, Dr. E. S. McKee. The person who wrote the remarks explanatory of the picture was evidently not well acquainted with the life history of the defendant, for we know beyond all possibility of doubt that the doctor is married.

In a spirit of perfect friendliness we would request the *MEDICAL MIRROR* to head off any of the fair sex who are about to adopt his suggestion "to better her condition."—(*Cin. Lancet-Clinic.*)

The *MIRROR* accepts in all humility the friendly request made by the *Cincinnati Lancet-Clinic*. In presenting the biographical points in the article on Dr. E. S. McKee, the editor of the *MIRROR* scratched them off in a hurried and incidental way from memory.

He recalls the fact now, which had been momentarily forgotten, that it was his pleasure at the Nashville meeting of the American Medical Association, to meet the charming wife of Dr. McKee. Recalling her personality to his mind, brings back also the fact that she has been Mrs. McKee for nine years and it is needless to say that her influence over the doctor must have been an extremely benign one, rejuvenating, and generally a good one for the reason that he looks not a day over twenty-five. He is as young and sprightly as a kitten and his heart must have been in the company of that which was cheerful and bright every day to have remained so young and kept himself young as well.

There is nothing in the world that the editor of the *MIRROR* can do more gracefully than accept forgiveness. He craves it from Mrs. McKee and also from the many attractive maidens the country over who might have had their attention directed temporarily towards Dr. McKee as being an admirable catch. The truth of the matter is, Dr. McKee has been so thoroughly wedded to the Mississippi Valley Medical Association that it is not surprising that the impression should have gone out that it was his only spouse. In justice to him, we will state that no member of the association could furnish other evidence than this of his

being unmarried, as his duties of an official character at the various conventions which he has attended have been so absorbing as to preclude his conducting himself, even had he wished, as an unmarried man, as many of the rest of us have done.—*Medical Mirror*, January, 1892.

## LOCAL SOCIETY NOTICES.

## CINCINNATI MEDICAL SOCIETY.—

Tuesday evening, February 9, Dr. B. M. RICKETTS will read a paper entitled "One Hundred and Fifty Circumcisions and the Lessons they Teach."

Dr. MAX THORNER will report a case of "Tumor of the Larynx," with presentation of the patient.

## PUBLISHER'S NOTICES.

At the stated meeting of the Medical Society of the County of New York, on Monday, January 25, 1892, the subject for discussion was the epidemic of influenza.

The discussion was opened by Dr. Janeway, and after addresses by Drs. Jackson, Draper and Robinson, Dr. Francis Delafield addressed the society on the treatment of influenza. He stated as follows: The treatment consisted of putting the patient to bed and seeing that he was well nursed and had proper diet while the disease was running its course. It was possible, however, for the physician to interfere with advantage in the case of certain complications. Of all the remedies suggested for the treatment of influenza and its complications, such as severe headache or neuralgic pains, etc., he had found nothing so reliable as Phenacetin in doses of five grains every two hours. The catarrhal throat trouble, which is often present, he had treated successfully with aconite or salicylate of soda, with a solution of cocaine for local applications.—*N. Y. Medical Record*.

The usefulness of GOOD Hypophosphites in Pulmonary and Strumous affections is generally agreed upon by the Profession.

We commend to the notice of our readers the advertisement on page xiii of this number. "ROBINSON'S HYPOPHOSPHITES," also "ROBINSON'S HYPOPHOSPHITES WITH WILD CHERRY BARK" (this is a new combination and will be found very valuable), are elegant and uniformly active preparations; the presence in them of Quinine, Strychnine, Iron, etc., adding highly to their tonic value.

SAMPLES of Sander & Sons' Eucalypti Extract (Eucalyptol), gratis, through Dr. Sander, Dillon, Iowa. Eucalyptol stands foremost as a disinfectant, is a perfect check to inflammatory action, and invaluable in zymotic diseases. Meyer Bros. Drug Co., St. Louis, Mo. Sole Agts.

## Selections.

### FROM CURRENT MEDICAL LITERATURE.

#### NEPHROLITHOTOMY (FOLLOWING NEPHRECTOMY) FOR TOTAL SUPPRESSION OF URINE.

This case was mentioned by the editors of the medical journals at the date of the operation, in 1885, as a case of exceptional interest, but the details of the case have never been before published, nor has the patient, or the kidney, or the stone which caused suppression, ever been exhibited before. The author, R. Clement Lucas, F.R.C.S., had delayed publishing it because those to whom he mentioned it, whilst applauding the attempt to save a life on the extreme verge of dissolution, threw the coldest doubt upon the patient's future, maintaining that even if she recovered from the immediate effects her life must be a short and painful one; that the one remaining kidney, having been opened and drained, would rapidly degenerate, or another stone would quickly form and bring about a final catastrophe. After the lapse of five years the author thought he might be acquitted of any attempt to claim an incomplete success. The patient is still living and enjoying the best of health, with a freedom from pain, discomfort, and hæmaturia, which, for seventeen years before her right kidney was removed, were almost constantly present. The operation for total suppression of urine was one that the author had long considered justifiable, and he had on more than one occasion previously publicly advocated its performance.

The patient had been under the care of Mr. F. D. Atkins, of Sutton, Surry, to whom much credit is due, both for the original diagnosis and for the promptitude with which he acted when total suppression occurred.

F. F—, æt. thirty-seven, was first admitted into Guy's Hospital on June 22, 1885. There was a strong family history of consumption. For seventeen

years she had suffered from hæmaturia at intervals, and for nine or ten years this had been accompanied with pain on the right side of the abdomen, and for seven years a tumor diagnosed as a floating kidney had been felt on this side. On July 14 the right kidney was removed by lumbar incision. It was a mere shell containing masses of stone, and weighing twenty-one ounces. The wound healed completely, and she left the hospital convalescent on August 10, just within a month of the operation. All went well for three months. She had returned to her household duties, was free from pain and hæmaturia, and much satisfied with the result of the operation.

On Sunday morning, October 24, 1885, she was suddenly seized, between 7 and 8 o'clock, with most violent and agonizing pain in her back and left loin. The pain passed through the loin to the front of the abdomen and groin. About 8 o'clock she passed a little urine, but from that time all secretion stopped. Vomiting commenced about half-past eight on the same morning, and was continued at intervals and whenever anything was taken. Mr. Atkins was called to see her, and found the bladder empty. Vomiting and anuria continued throughout Sunday, Monday and Tuesday.

On Tuesday Mr. Lucas met Mr. Atkins in consultation, and advised operation.

The symptoms continued without cessation on Wednesday, when she was brought to London, but Mr. Lucas's medical colleagues still advised him to postpone operation till a further trial had been given to diuretics, and in deference to their opinion he waited another day. On the afternoon of Thursday, the fifth day of anuria, the patient became drowsy and weaker, so that it was difficult to rouse her to obtain answers to questions. Her pulse was weak, her temperature 99°, and she had become less sensitive to pain and indifferent to what was passing around. Ether was given, and Mr. Lucas cut down on her remaining kidney and discovered a conical stone acting as a ball-valve to the top of the



ureter. The stone was rather more than three-quarters of an inch in length, and from three-eighths to five-eighths in diameter. Urine began to drop away out of the wound as soon as the pelvis of the kidney was opened, but the pelvis was not found much dilated.

The patient recovered well from the anæsthetic, and was sick once only after the operation. For twelve days all urine was passed by the wound in the loin. Then an ounce and a half was passed with great pain from the bladder, and the quantity gradually increased.

After the nineteenth day all the urine was passed naturally. The wound ran an aseptic course, and the patient's temperature scarcely rose above normal. Healing was complete ten weeks after the operation. During the last five years she has been employed in household duties, and has enjoyed good health.

The patient was exhibited, together with her right kidney, which was excised, and the stone removed from the left kidney for total suppression of urine.—*Proceedings of the Royal Med. and Chirg. Society*, 1890.

#### EXPERIMENTS WITH DIURETIN.

Dr. S. Pfeffer contributes to the *Centralblatt für die gesammte Therapie*, No. 8, 1891, an article on diuretin, which embodies observations made in the medical ward of Professor Drasche, of Vienna. Diuretin was given in about forty cases, the daily dose being seventy-five grains, rising in several cases to one hundred and fifty grains. As a check upon the observations, syrup of orange was given. The diseases in which it was tested were cardiac dropsy, acute and chronic nephritis, pleurisy, tuberculosis of serous membranes, and cirrhosis of the liver.

In cardiac dropsy the remedy proved to be an excellent diuretic, acting very quickly. Even if at times at the beginning the dropsy did not decrease, in spite of the passage of large quantities of urine, yet the threatening symptoms

regularly improved, and in the majority of cases the dropsy also finally disappeared, so that patients could again resume their calling. Sometimes the diuretic action lasted two or three days after the remedy ceased to be given. The secondary symptoms noted were somnolence, dizziness, headache, and profuse diarrhœa. In healthy persons suffering with constipation, however, movements of the bowels or diarrhœa could not be obtained.

In acute nephritis, diuretin had no effect, but in the chronic form, especially in contracted kidney, favorable and even surprising results were noted; just as favorable results were obtained in cirrhosis of the liver, while in pleurisy there was no effect.

The measurement of the blood pressure with Von Basch's sphygmomanometer shows that during the treatment with diuretin a rise of blood-pressure occurs in cardiac dropsy. Although in the few cases in which the two drugs have been tried comparatively digitalis has stood below diuretin, the latter cannot be looked upon as a substitute for digitalis. If digitalis is preëminently a heart remedy of unsurpassed value, diuretin is preëminently a "kidney remedy," with a certain action upon the heart, which is far below that of digitalis. With diuretin at our service, the resort to calomel in obstinate cases will be made more and more infrequently.

Dr. Schmieden (*Centralblatt für Klin. Medicin*, No. 30, 1891) has treated thirty-one patients with diuretin for a longer or shorter time since the summer of 1890. All the patients, with a single exception, suffered with dropsy in varying intensity. The results obtained were as follows:

In pure cirrhosis of the liver and in tubercular peritonitis, diuretin, as a rule, was entirely without effect.

In chronic nephritis its action was uncertain; in one-half of the cases it failed almost wholly, in the other half there was a moderate increase, between a third and a half of the volume previously passed. No conclusion as to the behavior of the drug in acute nephritis is warranted, owing to the

fewness of the cases in which it was used, yet it can be said that diuretin has a favorable effect in a number of kidney affections. In a given case its effect upon diuresis, which seems to consist in a direct influence upon the secreting kidney parenchyma, cannot be predicted with certainty.

Diuretin is an excellent diuretic in the majority of heart diseases, both valvular and vascular diseases (arteriosclerosis). Among the cases of heart disease, those complicated with chronic nephritis were moderately benefitted. The pure heart lesions offer the best chances; in these cases an extraordinarily large and persistent flow of urine was excited, and the organism was in a short time freed from the fluid.

A regulating influence upon the activity of the heart and upon the blood pressure is not recognizable with certainty. On the contrary, in a not inconsiderable number of cases, an increase in the frequency of the pulse, with a disposition to arrhythmia, was observed, and finally made it necessary to stop the remedy.

Diuretin increases the secretion not only of the water, but of the urea and of the salts of the urine, so that, in spite of the large increase of volume, the specific gravity of the urine is raised.

The secondary symptoms noted were headache, vomiting, and violent diarrhoea.

Persistent diuresis after the remedy has been stopped is no more likely to follow the use of diuretin than the use of calomel.

Dr. Kress (*Münchener Med. Wochenschrift*, No. 38, 1891) has also studied the action of diuretin. His material consisted of twenty patients, of whom seven were suffering with nephritis, eight with heart diseases, two with pleurisy, two with disease of the liver, and one with pulmonary tuberculosis and dropsy.

Kress concludes that diuretin is a powerful and true diuretic, increasing both the watery and the solid constituents of the urine. Its effect is due to a direct, non-irritant action upon the parenchyma of the kidney. It exhibits

its diuretic action best in acute and chronic diseases of the heart and kidneys, but especially in acute nephritis and pure valve lesions. Chronic nephritis and weakness of the heart muscle were favorably influenced, while in pure serous effusions and in tuberculosis in the stage of dropsy, no good result is to be hoped for from diuretin.

Diuretin can be taken for a long time and in large doses—as much as two drachms a day—without producing any symptoms dangerous to life. Its diuretic effect is at least not weakened by repeated administration in the same disease.—*Deutsche Medizinische Zeitung*, and *Therapeutic Gazette*.

#### THE THERAPEUTIC PROPERTIES OF VALERIANIC ETHER.

Valerianic ether, discovered by Otto, was first applied as a therapeutic agent by the distinguished chemist, Vial.

The pure valerianic ether, prepared by M. Vial, is less volatile than ordinary ether, and has the appearance of a heavy, colorless oil.

In this concentrated form, however, it is unfit for internal use, and on this account its strength is attenuated by the addition of ordinary ether, which gives a better preparation of medicinal valerianic ether (Vial), perfectly safe and reliable for internal administration.

As a prompt antispasmodic this preparation is best dispensed in the form of a small, round capsule, containing fifteen centigrammes (about four drops), easy to swallow and well adapted for preserving its full activity.

Dr. Walling (*Times and Register*, 1890) recommends its use in painful dysmenorrhœa in place of hypodermatic injections of morphine, and finds that it is the only remedy with young girls which really gives prompt relief; and Dr. E. Frost Newton, in her valuable brochure on "Menorrhæspasm," holds the same views in hysterical complications, which the valerianic ether-pearls mitigate or prevent coming on.

Drs. W. H. Marsh and Phillips find it very useful in nervous headache and excitement. Before and during the functional excitement of menstruation,

characterized by weak pulse, giddiness, vapors, spasms, muscular trembling, and nervous irritability, it renders considerable service.

"It may be safely recommended to ladies susceptible to such accidents, and in those cases of nervous excitability characterized by neuralgia, nervous headache or megrim, cramps of the stomach, digestive troubles, nervous retching, and vomiting."

The action of valerianic ether is almost specific in its action in cases of asthma. This combination of valerianic acid and ether possesses virtues which neither alone possesses. Bosworth has tabulated eighty cases of asthma, of which seventy-two were produced by nasal defects; and where reflex neurosis existed this remedy was of great service, because the action of valerian is direct upon the nerves. It renders them tranquil and the effect lasts for about two or three hours.

Ether, *per se*, acts very decidedly in asthmatic cases. I recall distinctly to my mind a case, Mrs. Y., aged forty-two, American by birth, who had had asthma for twelve years. She had been treated by various physicians, and without any perceptible relief.

Her case always became aggravated when nearing her menstrual periods. I prescribed the pearls of valerianic ether (Vial), a sample of which had been sent to me by the importer, Mr. F. S. Mason, of New York. The dose administered was two pearls after each meal and upon retiring, with an extra dose of one or two pearls during the attack. This was continued for about two months, when I discontinued the remedy. I saw her a short time ago, after a lapse of over four months. She has enjoyed complete immunity from the malady during this period.

The writer himself is subject to a periodic attack of hay fever, with aggravated asthma during said attack. After having used various remedies with no apparent relief, he consulted Dr. J. Solis-Cohen, and a course of the valerianic pearls was agreed upon; the result has been eminently satisfactory; the dose was about the same as in the case just stated. I have repeatedly prescribed

this remedy in various neurotic affections, and find that the action is always prompt, that the drug is pleasant to administer, and has no bad effects.—J. D. CHRISTMAN, M.D., *Med. Bulletin*.

#### EARLY OPERATIVE INTERFERENCE IN ACUTE PERITONITIS.

In a paper upon the question of early operation in acute peritonitis Lydston (*Western Medical Reporter*, Vol. xiii., No. 10) states that there is no such thing as primary idiopathic peritonitis. He believes that the peritonitis occurring in children apparently perfectly healthy up to the time of the attack is, at least in many cases, due to traumatism. In young subjects the strength and thickness of the abdominal walls are not proportionate to the responsibility of protecting the viscera; moreover, the peritoneum is a *locus minoris resistentiæ*, and injuries which are so slight as to be innocuous to the adult may give rise to peritonitis in children. Severe strainings at stool, blows upon the abdomen, comparatively slight violence exerted upon the stomach when full—in fact, injuries so slight that the child does not complain of them—may give rise to peritonitis.

Even though the trauma be so slight as to leave no trace which is visible at post-mortem, it may be sufficient to light up peritonitis.

Typhlitis and perityphlitis are also far more frequent in children than is generally believed, and in them these inflammations have a pronounced tendency to general extension.

The author has formulated his views of acute peritonitis as follows:

1. The existence of acute idiopathic primary peritonitis remains to be placed.

2. The majority of cases of so-called idiopathic peritonitis in children will be found, upon inquiry, to be traumatic.

3. Slight injuries of the abdominal contents are relatively more dangerous in children than in adults.

4. Acute peritonitis in children, while apparently idiopathic, is often secondary to perityphlitic inflammation,

which runs a rapid course, and extends to the general peritoneum without the intervention of appreciable local changes.

5. The profound prostration and cardiac inhibition characteristic of peritonitis are, in a great measure, incidental (1) to tension of the peritoneum produced by inflammatory products, with a consequent reflex inhibition of the heart, and (2) mechanical interference with the heart's action.

6. Surgical interference is indicated in all severe cases of general peritonitis and in cases of localized suppurative inflammation, or in cases of perityphlitic origin, whether due to foreign bodies are not.

7. There is every indication present for operation, and no logical objection to it. The operation is almost invariably palliative, if not curative.

8. Operation in no sense impairs the chances of recovery. *Per contra*, it enhances them to a great degree.

9. No case should be allowed to die without operation, unless already in *articulo mortis*.

10. It is not necessary to make a large incision, except in cases in which perityphlitic abscess is known to exist, which is rarely the case in children. If perityphlitic abscess exist and is recognized before operation, the incision should be made at the most favorable point, which in the majority of cases is the typical line for ligation of the common iliac, as pointed out by Murphy and Lee. In by far the majority of cases in children a simple median exploratory incision, with flushing of the abdominal cavity, is sufficient.—*Therapeutic Gazette*.

#### TREATMENT OF SORE THROAT.

It is now generally admitted and agreed that in diphtheria some form of antiseptic or at least aseptic treatment should be used, but for the simpler forms of throat inflammation, and the catarrhal as well as tonsillar troubles, which are supposed to be caused by cold, the treatment remains for certain doctors what it was—that is chlorate of potassium or other gargles of an

emollient or astringent nature. And yet the simple fact that these troubles are frequently seen in the same family, and at the same time as diphtheritic diseases, would seem to indicate a common origin. The infectious nature of tonsillitis and other simple forms of throat and bronchial disease or inflammation seems likely, and once this is suspected, if not proved, it should lead to trying antiseptic methods instead of the old astringents. The following is a formula much used in France:

℞ Acid. carbol., cryst.,	}	aa gr. xv.,
Camphor,		
Glycerini,		
Aquæ destill.,	}	aa f ʒii.

This is painted on the inflamed part three times a day. It will be found to have a mechanical action as well as an antiseptic one.—*Archives of Pediatrics*.

#### OPERATIVE TREATMENT OF HYDROCEPHALUS IN CHILDREN.

Karnitzky (*Archives of Pediatrics*, Vol. viii., No. 94) reports five cases of chronic hydrocephalus treated by puncture and withdrawal of the fluid contents. For this purpose the trocar and canula were used. The trocar should have a diameter of one-twenty-fourth inch and be absolutely clean. The depth of the puncture varies from two-fifths of an inch to two inches. The site selected is usually the lateral corner of the great fontanel. Very rarely the puncture is made in the lambdoid suture near the smaller fontanel, or at some specially prominent and fluctuating point. If, after removal of the stylet, the fluid does not flow, the instrument must be introduced more deeply, or withdrawn and another site selected for the puncture. The fluid should be withdrawn slowly and evenly. The amount withdrawn at one sitting varies from three to six ounces. If a larger quantity is removed, air may gain access to the cavity of the cranium and cause acute hyperæmia of the brain. If, during the operation, the pulse or respiration become irregular, surgical interference must be discontinued. After withdrawing the trocar the point of

puncture should receive a light anti-septic dressing. In the five cases reported, permanent improvement is not noted in a single instance. In some the circumference of the head markedly diminished at first, and the general symptoms became much more favorable. The improvement, however, was temporary. In no instance was puncture followed by local or general bad result.

Bouchut adopted a somewhat similar treatment in cases of chronic hydrocephalus, but made his puncture by means of a capillary trocar introduced into the nostril at the side of the septum parallel to the line of the nose, and plunged through the cribriform plate of the ethmoid bone, being at the same time slightly inclined outward. By this means he removed in one case ten ounces of fluid. This child died. The same operation was repeated in another case, but without result.—*Therapeutic Gazette*.

#### A CONTRIBUTION TO THE PATHOLOGICAL ANATOMY OF THE RETINA AND OPTIC NERVE IN DISEASES OF THE BRAIN AND ITS MEMBRANES.

Falser states (*Deutsch. Med. Zeit.*) that in the laboratory of Prof. Iwanski, he has examined the retina and optic nerve in purulent basilar meningitis, 7 cases; tuberculous meningitis, 4 cases; chronic meningitis, 12 cases; hemorrhage of the brain, 7 cases; and arterio-sclerosis of the brain, 9 cases, and has determined the following facts, viz.:

1. All diseases of the brain and of its membranes in consequence of injuries inflicted upon them, induce pathological changes in the retina and optic nerve.

2. Acute inflammation of the meninges occasions œdema of the papilla and disturbances which are intimately associated with the chief causes of this latter and the retina. (Neuro-retinitis œdematosa.)

3. Chronic inflammations of the meninges produce the same condition in the retina.

4. Arterio-sclerosis of the cerebral vessels extends also to the papilla and the retina, and always induces peripheral œdema in the latter. The œdema is the result of chronic venous hyperæmia, which is occasioned by disturbances in the circulation of the blood.

5. When extravasation follows arterio-sclerosis, this phenomenon can usually be observed also in the vessels of the retina.

6. In consequence of the pressure, which the accumulated mass of exudation exerts upon the optic nerve entrance, choked disc (*Staungspapilla*) very frequently results.—*Med. and Surg. Reporter*, January 16, 1892.

#### EUPHORIN IN GYNECOLOGICAL PRACTICE.

L. M. Bossi (*Rif. Med.*, December 15, 1891) reports the results of some clinical experiments with euphorin made by him in obstetric and gynecological cases. He employed it in powder in twenty cases of ruptured perineum, and found that it promoted rapid healing both in slight cases and in more severe lacerations where sutures had been required. He also used it as a dressing to the stump of the umbilical cord in twenty-one newborn babes. In no case did suppuration take place, nor was there any sign of the drug having been absorbed. In none of the cases was there any appearance of icterus neonatorum. In twenty-nine gynecological cases euphorin was employed as a fine powder, applied by means of a special atomizer (vaginitis, ulcerations of the os, cervicitis with abrasions of the portio vaginalis and parenchymatous cervico-metritis) or small pessaries about four centimetres in length and containing 40 to 50 per cent. of euphorin, which were introduced every two or three days into the uterine cavity (in cases of acute and chronic endometritis).

In both these classes of cases the results of the treatment were satisfactory, and Bossi concludes by saying that his experience leads him to think that euphorin acts both more effi-

caciously and more rapidly than any other substance hitherto in use, not excepting iodoform. — *Supp. British Med. Jour.*

#### NON-CONTAGIOUSNESS OF LEPROSY.

Dr. L. Duncan Bulkley in a study of this disease, basing it on his own observations and those of others, arrives at the following conclusions:

1. Leprosy is not in any proper sense of the word a contagious disease.  
2. There is not the slightest warrant for public alarm concerning cases of leprosy.

3. It is not due to climatic or race conditions.

4. It originates from a bacillus.

5. There is reason to believe that under certain conditions it can be inoculated.

6. There is considerable ground for the opinion that it is frequently caused by food and especially fish.

7. Heredity is a possible factor in its causation.

8. There is far greater warrant for the seclusion and regulation of syphilis and tuberculosis than of leprosy.—*Weekly Med. Review.*

#### FAILURE OF THE PASTEUR TREATMENT.

A man died on New-Year's Day in Newburg from hydrophobia. He was bitten in thirteen places by a mad dog on September 19. He placed himself under the Pasteur treatment, and at the end of a month was pronounced out of danger. A few days before his death, however, one of his arms, which had been bitten, became painful, and death from hydrophobia followed speedily.—*N. Y. Med. Record.*

#### LINIMENT.

The following is praised (*The Prescription*, No. 1, 1892):

℞ Chloroform, } aa fl. ʒss.  
Tinct. opii, }  
Tinct. aconiti, rad., }  
Lin. saponis, . . . fl. ʒijss.  
For external use.

## Miscellany.

### HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases  
for week ending January 29, 1892:

WARD.	Measles.		Scarlet Fever.		Whooping Cough.		Diphtheria.		Croup.		Typhoid Fever.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....			1									
2.....	3						1					
3.....			3									
4.....			3								1	
5.....												
6.....	1		1									
7.....	1				2		1					
8.....							1					
9.....	1											
10.....	3										1	
11.....							3					
12.....			1				1	1				
13.....							2					
14.....							2	1			1	
15.....	1		2									
16.....	1		3				4	1				
17.....	1		1									
18.....			1				1	1				
19.....												1
20.....			1									
21.....												1
22.....			1	1	1							
23.....			1				1	1		1		1
24.....												
25.....			1		3							
26.....			2				1					
27.....	2		1								1	
28.....	1		2				1	1			2	1
29.....			6				2	1				
30.....			1				3					
Public Institutions.....			8							1		2
Totals.....	15		40	1	6		22	9		2	6	6
Last week.....	15		34	1	5		27	6		10		3

Mortality Report for the week ending January 29, 1892:

Croup.....	1
Diphtheria.....	9
Influenza.....	11
Scarlet Fever.....	1
Typhoid Fever.....	6
Other Zymotic Diseases.....	4—32
Alcoholism.....	2
Cancer.....	3
Phthisis Pulmonalis.....	13

Other Constitutional Diseases.....	7-25
Bright's Disease.....	4
Bronchitis.....	10
Heart Disease.....	7
Liver Disease.....	5
Meningitis.....	9
Nephritis.....	3
Peritonitis.....	3
Pneumonia.....	21
Other Local Diseases.....	22-34
Deaths from Developmental Diseases.....	10
Deaths from Violence.....	3

Deaths from all causes.....	154
Annual rate per 1,000.....	26.69
Deaths under 1 year.....	29
Deaths between 1 and 5 years.....	21-50
Deaths during preceding week.....	137
Deaths for corresponding week of 1891.....	132
Deaths for corresponding week of 1890.....	140
Deaths for corresponding week of 1889.....	111

J. W. PRENDERGAST, M.D.,  
Health Officer.

## OHIO HEALTH BULLETIN.

Infectious Diseases reported to the Ohio State Board of Health in 45 cities and towns during the week ending January 29, 1892.

<i>Diphtheria:</i>	Cases.	Deaths.	<i>Typhoid Fever:</i>	Cases.	Deaths.
Akron.....	1	..	Celina.....	1	1
Chillicothe.....	4	2	Chillicothe.....	1	1
Cincinnati.....	22	9	Cincinnati.....	6	6
Columbus.....	10	..	Cleveland.....	1	1
Conneaut.....	1	1	Columbus.....	..	1
Coshocton.....	1	..	Clifton.....	1	..
Doylestown.....	2	..	Crestline.....	1	..
Dunkirk.....	1	1	Pioneer.....	1	..
Elyria.....	1	..	Wellston.....	2	..
Greenville.....	2	..	<i>Scarlet Fever:</i>		
Lima.....	2	3	Akron.....	3	..
Lockland.....	1	..	Caledonia.....	1	..
Mansfield.....	3	..	Chillicothe.....	2	..
Portsmouth.....	1	..	Cincinnati.....	40	1
Ravenna.....	1	..	Cleveland.....	7	..
Springfield.....	1	..	Columbus.....	6	2
Tiffin.....	1	..	Coshocton.....	5	..
Toledo.....	4	..	Elyria.....	1	..
Westerville.....	4	..	Fairport.....	1	..
<i>Measles:</i>			Geneva.....	2	..
Cincinnati.....	15	..	Ironton.....	4	..
Cleveland.....	7	..	Lancaster.....	2	..
Crestline.....	1	..	Loveland.....	1	..
Garrettsville.....	9	..	Logan.....	2	..
Lima.....	2	..	Portsmouth.....	2	..
Springfield.....	3	..	Toledo.....	2	..
<i>Whooping-Cough:</i>			Urbana.....	2	..
Cincinnati.....	6	..	Wellston.....	1	..
Cleveland.....	1	..	Westerville.....	2	..

No infectious diseases reported to health officers in 12 towns.

C. O. PROBST, M.D., Secretary.

## Bibliography.

### MEDICAL LITERATURE REVIEWED TO DATE.

#### THE PRINCIPLES OF BACTERIOLOGY: A Practical Manual for Students and Physicians.

By A. C. ABBOTT, M.D., First Assistant, Laboratory of Hygiene, University of Pennsylvania. With illustrations. Published by Lea Bros. & Co., Philadelphia, 1892.

The book is a very good one for beginners in bacteriology. It deals solely with principles, and does not enter into a consideration of doubtful questions; we therefore confidently recommend it to students and those physicians who desire to obtain a knowledge of the fundamental principles involved in bacteriological research. It fills about the same place that the book of Hueppe does in the German language.

#### DISEASES OF THE BLADDER AND PROSTATE.

By HAL C. WYMAN, M. Sc., M.D. Published by Geo. S. Davis, Detroit, Mich., 1891. Price 25 cents.

The volume is one published in the group of the "Physician's Leisure Library," and will well repay the time spent in its perusal. The reputation of the author is a guarantee for the merit of the work.

#### MICROSCOPICAL DIAGNOSIS OF TUBERCULOSIS.

By PAUL PAQUIN. Published by the Little Blue Book Co., Battle Creek, Mich.

It is a convenient book for ready reference, but makes no pretension to being a full account of our knowledge upon this subject. Novices in this department may read the book with considerable profit.

#### BROCHURES RECEIVED.

What Cases Should be Drained after Abdominal Section? By Rufus B. Hall, M.D., Cincinnati, O. Reprint from *Medical Record*.

**Report of a Case of Spina Bifida, with Partial Motor and Sensory Paralysis of both Extremities, Complete Paralysis of the Sphincters of the Bladder and Rectum, Double Equinovarus, and Purulent Bursitis.** By H. Augustus Wilson, M.D., Philadelphia, Pa. Reprint from Transactions of the American Orthopedic Association.

**The Aseptic Closure of Long-Standing Sinuses having their Origin in Tubercular Joints.** By H. Augustus Wilson, M.D., Philadelphia, Pa. Read before the Philadelphia Academy of Surgery.

**The Surgical Treatment of Pyloric Stenosis, with a Report of Fifteen Operations for this Condition.** By N. Senn, M.D., Ph.D., Chicago, Ill. Reprint from the *Medical Record*.

**Practical Surgery.** By William J. Walsham, F.R.C.S. Third edition. P. Blakiston, Son & Co., Philadelphia, 1891.

**Massage and the Original Swedish Movements: Their Application to Various Diseases of the Body.** By Kurr W. Ostrum, Philadelphia. Second edition, enlarged, with eighty-seven illustrations. Published by P. Blakiston, Son & Co., 1891. Price in cloth, \$1.00.

**Microscopical Diagnosis of Tuberculosis.** By Paul Paquin, M.D. Published by the Little Blue Book Co., Battle Creek, Mich.

**A Plea for the Extra-Peritoneal Treatment of the Stump in Abdominal Hysterectomy for Fibroids.** Reprint from the *Canada Lancet*.

**West Virginia Resolutions.** By Webb J. Kelley, M.D., Galion, O. Reprint from the *Cleveland Medical Gazette*.

**Mouth Breathing not the Cause of Contracted Jaws and High Vaults.** By Eugene S. Talbot, M.D. Reprint from *Dental Cosmos*, November, 1891.

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## CONTENTS.

### ORIGINAL ARTICLES.

- TWO CASES OF POST-PARTUM HEMORRHAGE. By Gustav Zinke, M.D., Cincinnati. 201  
BENIGN TUMORS OF THE LARYNX. By Max Thorner, M.D., Cincinnati. 204  
SPURS ON THE NASAL SEPTUM. By J. A. Thompson, M.D., Cincinnati. 209

### SOCIETY REPORTS.

- ACADEMY OF MEDICINE.  
Meeting of January 4, 1892.  
Discussion on Two Cases of Post-Partum Hemorrhage. 212  
CINCINNATI MEDICAL SOCIETY.  
Meeting of November 24, 1891.  
Discussion on Spurs on the Nasal Septum. 216  
Discussion on Gun-Shot Wound of the Liver. 217

### TRANSLATIONS.

- THERAPEUTIC NOTES. By F. H. Pritchard, M.D., Norwalk, O.  
Creosote in Consumption.—Treatment of Convulsions in Children. 218  
Inhalations of the Essence of Turpentine in Fibrinous Pneumonia.—The Employment of the Mydriatics. 219

### EDITORIAL.

- EXPERT TESTIMONY IN RELATION TO MEDICAL SUBJECTS. 220  
EDITORIAL NOTES. 221

### SELECTIONS.

- The Antipyrin Habit.—Creolin-Iodoform Ointment. 229  
New Remedy for Phthisis. 218  
Diuretin.—The Dispensary Abuse. 217  
Syphilitic "Tripper," or Gonorrhœa. 222  
The Surgical Treatment of Granular Lids.—Impurities in Commercial Samples of Peroxide of Hydrogen. 223  
Hyoscine as a Mental Alternative.—Lysol.—Creosote. 224  
To Obtain Pure Oxygen Rapidly. 225

### MISCELLANY.

- Report of the Health Department of Cincinnati. 225  
Health Bulletin Ohio State Board of Health. 226  
The Digestibility of Cheese.—Cupid's Battle with Adipose. 226  
To Distinguish Margarin from Butter when the two are Mingled.—Light as an Anæsthetic.—Cremation in France.—A Too Zealous Malthusian. 228

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## Original Articles.

### TWO CASES OF POST-PARTUM HEMORRHAGE.

Reported to the Cincinnati Academy of Medicine, January 4, 1892,

BY  
GUSTAV ZINKE, M.D.,  
CINCINNATI.

#### CASE I.

Mrs. R., æt. twenty-nine, mother of one child æt. four. Her first confinement was an occipito-posterior and to the right, which had to be converted into a right occipito-anterior. This was done under the influence of chloroform and the kind assistance of Dr. Wenning. The child was delivered with the aid of instruments, during which the perineum was extensively lacerated. This was repaired at once. Recovery was slow but perfect.

I was called to attend her in her second confinement, at 3 p.m., November 20, 1891. She menstruated the last time the latter part of January, 1891. She was "very large," and to all appearances pregnant with twins. The fetal heart could be very distinctly heard to the right of the median line and below the level of the umbilicus. Digital examination revealed partial dilatation of the os, the membranes intact, the head presenting, but its exact position could not be diagnosticated at this time. Labor-pains were regular and normal, recurring every three to five minutes. At 4:30 the os was fully dilated and the membranes ruptured spontaneously. The head proved to be in the right oblique diameter, with the occiput posteriorly and in advance to the forehead. The pains continued

regularly, and gradually growing in intensity. Little or no progress was made in the descent of the head, and when the head had passed the brim it was completely arrested. The pains now became very violent. The os slowly retracted over the head; at least, it could not be felt anywhere by the examining finger. The soft parts below the head became edematous, dry and livid. The arrest of the head occurred, notwithstanding that it was perfectly flexed, the occiput in advance, and the pelvis known to be normal in all of its diameters.

The pulse of the mother increased in frequency, the skin grew cold and clammy, and it soon became evident that, to avoid an unfavorable issue, operative interference would be necessary to terminate labor. Accordingly chloroform was administered to the extent of complete unconsciousness. The patient was then brought to the edge of the bed, legs flexed upon the thighs and thighs upon the abdomen. My aseptic right hand was then introduced into the vagina and the position of the head confirmed. With comparatively little force the head was then carried above the pelvic brim and turned, so that its long diameter was brought into the left oblique diameter, occiput anterior and to the right. In this position it was held until it began to descend, and became fixed in this position by the contractions of the womb. The forceps were then applied to the sides of the head and delivery of the same slowly effected with considerable difficulty.

The head proved to be above the average size, which, in a measure, accounted for its arrest when in the third and its inability to rotate into the second position. The perineum was

excessively attenuated, but remained intact. The contractions of the womb continued strong, but the shoulders refused to be born. The child made efforts at respiration. The face and head soon became swollen and livid. A hurried examination revealed the cord tightly around its neck. An effort to slip the cord over the head of the child proved futile, and, in order to prevent immediate strangulation, I severed the cord with the scissors. Owing to the congested condition of the head no ligature was applied to the cord, as thereby I hoped to relieve the congestion of the brain and prevent asphyxia.

Notwithstanding continued traction upon the head of the child and pressure upon the fundus of the uterus from above, the child refused to be born until after considerable time and effort had been spent in this direction. It was finally delivered a victim of the apoplectic form of asphyxia. There was no bleeding from the cord. The foetal heart was still beating feebly. The uterus having firmly contracted, I left the nurse by the side of the patient and with her hand upon the fundus to make gentle friction over it. She was instructed to notify me immediately if she ceased to feel the organ. As the mother's condition appeared perfectly safe, I deemed it my duty to pay at once attention to the child with a view to resuscitation.

- While I was thus engaged in reviving the child (in which I finally succeeded) the nurse called my attention to the great loss of blood on the part of the mother. A look at the mother's face, a touch of her pulse, and a question as to how she felt, assured me that the hemorrhage could not be very great, and was probably due to the expulsion of the placenta and remainder of amniotic fluid. She seemed to feel perfectly comfortable, and her face was not at all indicative of the presence of a dangerous hemorrhage. Asking the nurse as to whether she still felt the contracted uterus under her hand, she replied in the affirmative. I then continued my efforts at bringing the child back to life. Not a minute had passed when another glance at the

patient alarmed me. She had suddenly become pale, the bright color of the lips was gone. She still claimed to feel perfectly well and believed herself "all right." I dropped the child, went at once to her side, and found her bleeding profusely. The uterus had enlarged so that the fundus could be felt two to three inches above the umbilicus; it was hard and firm to the touch.

After hurriedly washing my hands in a bichloride solution, I introduced my right hand into the cavity of the uterus and turned out the placenta and a mass of clots. During this operation the uterus contracted promptly upon my hand, which was permitted to remain in its cavity until expelled by the organ. With my left hand constantly upon the fundus the patient was quickly washed, dried and made comfortable; the foot of the bed was elevated and the pillows removed from below the head. As soon as this was accomplished, it again became evident that the uterus enlarged, notwithstanding that the fundus was still within the gentle grasp of my hand. Suddenly there was a relaxation of its walls and the radial pulse disappeared entirely. The clots were turned out the second time and the hand left to be expelled by the uterus as before. (Immediately after the expulsion of the placenta, one-half drachm of the extract of ergot had been administered per orem.)

An ice-bag was now placed over the symphysis pubis, and my hand remained in contact with the fundus for fully one hour. Notwithstanding that the patient had been seriously exsanguinated, she retained consciousness throughout and expressed herself physically comfortable. At the expiration of three hours from the time of the second hemorrhage, the pulse at the wrist gradually returned. As she was unable to retain either milk or water, two recta enemata, each containing a pint of milk and an ounce of brandy, had been given her. After the danger of a recurrence of hemorrhage seemed passed the vagina was irrigated with a 1 to 4000 bichloride solution. These injections were continued every six hours.

during the first day, then reduced in strength (1 to 8000) and used twice daily during the lying-in state.

She made an excellent and uninterrupted recovery. She was able to leave her bed at the expiration of two weeks. Weight of child, 12 pounds.

#### CASE II.

Mrs. W., æt., twenty-seven, primipara. She ceased to menstruate the latter part of February, 1891, and expected to be confined about the 5th of December; she was delivered on December 21. She began to have pains in the afternoon of the preceding day.

I was summoned about midnight, when the os was found almost fully dilated and the head presenting in the second position. Half an hour after my arrival dilatation of the os was complete. The membranes were ruptured artificially. Half an hour later the head had descended to the floor of the pelvis, and began to impinge upon the perineum. The pains were frequent, quite severe, and up to that time very effectual. At this stage the head was delayed, and the only cause to which this could be attributed appeared to be a fixed os-coccyx, which necessitated considerable flexion of the head before it could be born. Nearly two hours passed before the child was delivered. This occurred by the unaided efforts of nature.

The perineum remained intact and the placenta followed twenty minutes after the birth of the child and was delivered by the Credé method. (In this, as well as in the first case, the placenta showed considerable calcareous degeneration.) The uterus contracted promptly and firmly. One-half teaspoonful of the fluid extract of ergot was administered by the mouth immediately after the expulsion of the placenta. After washing and drying the patient and cleaning the bed, the uterus was still well contracted. An abdominal bandage and perineal antiseptic pad was then applied, and I departed at 6 a.m., one and one-half hours after the completion of labor. The woman was in good condition and the uterus in a perfect state of contraction

when I left. (This patient resides about five squares from my residence.)

No sooner had I reached my home, when the husband hurriedly summoned me back to his wife, because of "a great loss of blood." I returned immediately and found the woman in an awful condition. Her groans and sighs could be heard on the floor below, and were of that character, which, to the experienced accoucheur, indicate impending danger due to hemorrhage. She had absolutely no color in her face, her eyes were widely open, she gasped for air, moaned and vomited, all of which made the scene a frightful one to behold. The uterus was excessively enlarged, extending at least two inches above the umbilicus. The bed was flooded with blood. The pulse could not be felt. There was no time for delay. The pillows were at once removed and the foot of the bed raised. In a moment I had my hand within the uterus and removed a chamber full of coagula. The uterus contracted slowly. The hand was not withdrawn till then. An ice-bag was applied over the uterus. I posted myself at the bedside, keeping my hand in contact with the organ for fully one hour.

The vomiting continued almost incessantly. She fainted frequently. The pulse could be but feebly felt occasionally. Suddenly the uterus relaxed again, and from the disappearance of the pulse and the supervention of another swoon it was evident that bleeding again took place. Promptly my hand was introduced, the cavity cleaned once more, and the hand left within until forced out by the contraction of the womb. Ice was again applied and a rectal injection, consisting of milk and brandy, administered. Gradually her pulse returned and grew stronger. I remained with the patient till 9:30 a.m. (five and one-half hours after labor). Vaginal injections were made in this as in the former case. No uterine injections were employed in either instance.

She made a rapid and very satisfactory recovery. The child weighed not quite 10 pounds.

[FOR DISCUSSION SEE P. 212].

## BENIGN TUMORS OF THE LARYNX.

WITH REPORT OF CASES.

A Paper read before the Southwestern Ohio Medical Association, October 3, 1891,

BY

MAX THORNER, M.D.,  
CINCINNATI.

*Mr. President and Gentlemen:*

It has been truly said that it is the duty of every specialist to give the profession at large the benefit of his studies in his special department, to have them participate as well in the progress, that the different branches of our science has made, as he, of necessity, draws continually from the common fountain, and to thus promote, by exchanging ideas, advancement of knowledge everywhere. On the other hand, complaints have been frequently heard that specialists are too liable to discuss before general medical societies topics of such a nature, or going so much into a detailed description of operations, that only brother specialists could possibly have an interest in the proceedings, or that their papers were of such an elementary character, or the topics so threadbare, that they rather belonged into a class-room of second-year students than into the arena of such a learned body as a medical society. When, therefore, your worthy Secretary asked me to prepare a paper for this meeting, I concluded that I had to try to avoid either of these objections.

I selected "Benign Tumors of the Larynx" as my subject, because our medical weeklies, monthlies and archives have, for obvious reasons, for the last few years, been so overcrowded with reports of, and essays on, malignant growths of the larynx, that we nearly lost sight of the fact that there are also such, comparatively harmless, neoplasms in the larynx as fibroids, myxomata, etc.; that, in fact, we became nearly used to look upon every innocent little growth in or about the throat as a possible, or even probable, source of malignant formations. I will not tire you with any statistics at all, but the fact is, that benign tumors of the larynx

are by far more common than malignant ones. The term benign is used here in the generally-accepted sense; they may, of course, become dangerous to life on account of their size and location, but this does not constitute malignancy. The benign tumors of the larynx, that are most commonly found, and of any practical value, are arranged according to the scale of their frequency: Papilloma, fibroma, lipoma, myxoma, ekchondroma, etc.

The etiology of these tumors is mostly somewhat obscure. There is no doubt that they may be congenital (case iv). Hereditary has been claimed by some writers to be an etiological factor though it has not been proved with any degree of certainty. Catarrhal inflammations of the larynx, and especially the chronic laryngeal catarrhs—in fact anything that tends to congestion—have been again and again accused of being the causes of neoplasms, benign ones as well as malignant ones. There is, however, no doubt that certain occupations that lead to overexertion in the use of the voice, as it is the case in singers, public speakers, teachers, clergymen, auctioneers, etc., or that mechanical insults to the mucous membrane of the larynx, as the inspiration of noxious vapors, the use of the voice during acute inflammations, abuse of tobacco etc., may all be considered predisposing factors in the development of laryngeal neoplasms. In regard to syphilis and tuberculosis it may be said they do not produce typical neoplasms in the larynx.

The tumors are found most frequently in middle age, from the twentieth to fiftieth year; however, they are seen in children and even in early infancy, but very rarely after the sixtieth year. Indeed, I believe that the simple fact of a tumor developing after the fifty-fifth year in the larynx must render the malignancy of the same highly probable. Males are more subject to neoplasms in the larynx than females.

The symptoms of these growths are mainly dependant upon their location and size. In the vast majority of cases hoarseness, and at times complete aphonia, are the peculiar features. Much

less frequently are disturbances of respiration caused by benign tumors; but dyspnœa may at times be such that life is in danger. Pain is very rarely complained of, but sometimes the sensation of a foreign body in the throat; and this latter symptom may produce the desire of removing the same by hacking and coughing. There are, however, cases of benign tumors in the larynx which do not betray their presence by any symptoms at all, and which are discovered only incidentally. The diagnosis, to be sure, can only be made by laryngoscopic examination.

The treatment of these neoplasms is, of course, entirely depending upon the gravity and annoyance of the symptoms they produce. In those cases where all subjective symptoms are absent, no treatment at all needs to be resorted to. If they cause hoarseness, or even aphonia alone, it is optional with the patient whether he wants an operation performed or not. It stands to reason that many people are so much discomforted, or interfered with in their vocation by even slight degrees of huskiness, that they will do anything to be relieved of it; while others will not submit to the hazards of an operation, when the dyspnœa or hoarseness is but a slight annoyance to them. Whenever there is a noticeable disturbance of the respiration, then an active treatment is not only warranted, but in most cases inoperative.

In regard to the treatment I will only say that in most cases it will have to be the removal of the tumor by operative measures. These may be done by the endo-laryngeal or extra-laryngeal methods. The latter would have to consist in tracheotomy when the symptoms of dyspnœa are so threatening that the endo-laryngeal operation cannot be performed in time; or in laryngotomy, by splitting the thyroid cartilage, mostly to be performed after preliminary tracheotomy, when it is impossible, in cases of dangerous dyspnœa, to remove the obstructing growth from the larynx by the endo-laryngeal method. To perform this operation in cases of simple disturbance of the voice is wholly unjustifiable, especially if we consider that

the uncertainty of the result in such operations, regarding the restoration of a clear voice, should, by itself, exclude so serious an operation.

The endo-laryngeal operations are performed with the aid of instruments, especially devised for this purpose. They are forceps, with cutting or serrated blades, tube-forceps, ecraseurs, knives, guarded or unguarded, ring-knives and so-called guillotines, curettes, sponges, galvano-caustic burners, etc. What instrument one ought to select in a given case is mainly depending upon the location of the growth, as also upon the individual preference of the surgeon for certain methods. I will not go into details about the same as I will be able to explain my methods in reporting a few cases, and also for the reason that I am convinced of the correctness of a statement Mr. Lennox Browne makes in this connection, when he says: "The practitioner will be somewhat perplexed by the different lines of treatment he is recommended to adopt by the various authors, and the variety of instruments he will be advised to purchase."

I must not omit to add that endo-laryngeal operations for the removal of tumors from within the larynx are not entirely devoid of danger of injuring healthy parts of the larynx, when done unskillfully; and we must not lose sight of the fact, referred to above, that in a number of cases operative interference is not indicated. Says Sir Morell Mackenzie: "There are a few cases in which operative procedure is not required."

This remark especially applies to fibromata, which grow much less quickly, and are more frequently arrested in their development than other growths. In these cases all that is necessary is to make a periodical examination of the larynx once or twice a year to see that the neoplasm does not increase in size." And Lennox Brown adds: "There is no reason to doubt that while many of these cases remain thus stagnant, a large proportion would, on no less authority than that of Virchow, if untreated, "frequently disappear spontaneously, being subject, as they are, to slow atrophy and resorption." And you will see below that the fourth case I

report is a very good example of such an occurrence.

The following cases have been extracted at random from my case-book out of a larger number; however, with a view to give some typical illustrations to these general remarks.

#### CASE I.

Mr. Geo. L., æt. twenty-four, consulted me July 20, 1885. He had been very hoarse since eight months, when he had been putting his vocal organs to a very severe test during the last elections. Of late his voice had become completely aphonic. There was a general hyperæmia of the pharynx and larynx. The vocal cords were kept apart during phonation in their middle portion by an oval body of pinkish color that appeared to be inserted in and below the anterior angle of the cords. During deep inspiration one could see that the tumor, the size of a small bean, was situated just below the cords, in the median line; that it had a smooth surface and was slightly movable. After training the larynx a few days with sounds, I removed part of the tumor with Schroetter's laryngeal tube forceps. The location of the neoplasm, being inserted below the cords, rendered the removal in one sitting impossible. After two more operations the entire growth had disappeared; improvement of voice was immediate, and after a few weeks' treatment of the co-existing laryngitis all the remaining hoarseness had disappeared. Patient has since been engaged as an insurance agent, without any recurrence of the trouble. The microscopic examination of the removed tumor showed it to be a fibroid.

#### CASE II.

Mr. M. F., æt. twenty-eight, salesman, was referred to me by the late Dr. Aub, May 6, 1886. His voice had been hoarse for more than three years, but of late the hoarseness had increased so much that it interfered greatly with his occupation. He did not know of anything that may have caused the trouble, having always been

in excellent health. The larynx was partly filled with a tumor the size of a small cherry, but irregularly shaped, attached to the anterior half of the right vocal cord and overlapping the left one. The color of the growth was pale, the surface rough, like a strawberry, but not ulcerated, and there was no hyperæmia around the broad base of the tumor. All pain and also dyspnœa, were absent. From all appearances, the tumor was a papilloma, which was readily removed with one of Mackenzie's laryngeal forceps. The voice improved, but there remained some huskiness. About three months after the operation the tumor had grown again to its former size, from a small piece on the lower surface of the cord that had not been removed. This time the tumor was chiefly attached to the edge of the right cord, and the hoarseness was complete. I now removed the growth with Voltolini's sponge instrument by introducing the sponge below the cord and detaching the papilloma by forcible rubbing movements. After this the tumor did not return. The voice became soon normal and remained so.

#### CASE III.

Geo. L., æt. thirty, of East Liverpool, O., was sent to me by Dr. J. I. Walton for examination. He had very small fibroma, a little smaller than a split pea, on the edge of the left vocal cord. The voice had been husky, and at times hoarse, as long as patient could remember. Endolaryngeal removal of the excrescence had been ineffectually tried by a New York laryngologist. The patient did not wish to undergo another operation as the annoyance to him was very slight, and an improvement of the voice by an operation not certain. He has since heard that his voice at the time is unchanged.

#### CASE IV.

Florence R., æt. three and a half years, was sent to me by Dr. Wm. Carswell March 23, 1887. The principal complaint was a complete aphonia, which had been developing since some time



but of late, after the child had been taking a cold, an alarming dyspnoea, mainly inspiratory in character, had set in. It was with considerable difficulty that a laryngoscopic examination could be made. But after a number of futile attempts, a good and distinct view of the larynx was finally obtained. This case demonstrates the invaluable help a laryngoscopic examination may render in deciding the course of treatment that must be pursued. There was a general congestion of the whole larynx, and on the edge of the left cord, about in the middle of the same, projecting into the lumen of the larynx, there was a small, triangular, whitish neoplasm, the size of about a split pea. This tumor was immovable, had a smooth surface, and was attached with its base to the mass of the cord. It was readily to be seen that it was this growth that mainly caused the aphonia, the accompanying dyspnoea being principally due to the coexisting laryngitis. We had here, no doubt, a fibroma, a tumor that grows very slowly in the larynx, and therefore we could direct our therapeutical efforts against the laryngitis, the removal of the tumor in this age being neither indicated nor practical at present. Without the laryngoscopic examination tracheotomy would probably have been indispensable. Therefore, it was advised to treat the catarrhal condition of the larynx with inhalations, and watch, of course, the child closely for any aggravation of the dyspnoea, postponing an operation for the removal of the growth for a later period. The dyspnoea disappeared soon, and the child has been well all these four and a half years. I have seen her about two years ago; the tumor had not increased in size; the voice was rather hoarse but not aphonic, and there was no dyspnoea at all. A few days ago I wrote to her father, a clergyman, regarding her condition, and received the following reply: "I am pleased to say that ever since she had the whooping-cough, fifteen months ago, she has constantly improved in her voice, speaking at times almost as clearly as others. Her

voice sounds at times as though she had a slight cold. If she continues to improve as hitherto, it will not be long till all indications of her trouble are gone." There is no reasonable doubt that this growth has undergone a retrograde change, probably fatty degeneration, and that particles of it have been coughed out during a paroxysm of whooping-cough.

## CASE V.

Dr. M. M. J., æt. twenty-two, of Hamilton, O., was, on May 20, 1889, referred to me by Dr. C. R. Holmes on account of hoarseness, bordering at times on complete aphonia. There was a flat tumor the size of about one-third of a silver dime attached with a broad base to the left vocal cord. From all appearances it was a fibroid. The removal was completed partly with a ring knife (Stoerk's guillotine), on account of its broad base, partly with Voltolini's sponge instrument. There followed an improvement of voice, which, however, was not entirely clear, owing to a diffuse thickening at the site of the growth. Another operation, however, was not needed, since the voice continued to improve, caused by an absorption of the larger part of the infiltration. This was attributed by the doctor to, and probably caused by, the internal medication with iodine he resorted to; and his voice shows at present only at times a certain degree of huskiness. In this connection I will not omit to say that there are some authorities who recommend internal medication for such growths as fibroma, papilloma, etc., and who report good results following the internal administration of such drugs as tincture of iodine, tincture of *Thuja occidentalis*, and sulphate of magnesia. However, the number of such observations is very small, and the same are not confirmed by the majority of writers. This case demonstrates also the fact, above alluded to, that an operation undertaken for the restoration of the voice is not always followed by a complete success, though the tumor may have been wholly removed. As competent an

observer as Prof. J. Gottstein says in this respect: "Concerning the restoration of the voice, even in cases where the endolaryngeal removal of the tumor is accomplished, the chances are not always favorable. The results are good in pedunculated fibroids. If, however, we have to deal with multiple tumefactions which have a broad basis, and which are diffusely inserted in the surrounding tissues, then there is liability of the remaining of unevennesses and infiltrations that will surely interfere with the action of the vocal cords."

## CASE VI.

Mr. J. M., fifty-two years of age, was referred to me by Dr. E. Timmerman, of Batesville, Ind., August 9, 1889. There was complete loss of voice and a slight inspiratory dyspnoea. Patient had, in 1863, during the war, after having been exposed to the most severe inclemencies of weather, contracted a very aggravated cold. Rheumatism and hoarseness had been the result, and the latter had never left him since that time. On the contrary, it had been growing worse of late, to such an extent that it began to seriously interfere with his business. Laryngoscopic examination proved the existence of a tumor the size of a small bean attached to the anterior portion of the right vocal cord. The surface of the tumor was irregularly shaped, and impressed me as a papilloma. Microscopic examination, and subsequent developments proved this supposition to be correct. The removal was readily accomplished in several sittings with Schrötter's laryngeal tube forceps. The voice improved at once greatly, the dyspnoea disappeared. There was, however, after some time, a multiple recurrence of the growth, and this took place not at the former site, but in different parts of the larynx; as well on the cords as on the ventricular bands of both sides. The voice, however, never became as bad as it had been before the first operation. A number of subsequent operations became necessary, without entirely suppressing the recurrence of

small excrescences. Finally I resorted to the galvanocautic burner, applying it directly to small growths, or after having removed them previously with other instruments. The result was, that May 15, 1890, not quite nine months after the first operation, every trace of the tumor had disappeared and the voice was clear and distinct, although there was a slight huskiness noticeable at times, caused by a chronic laryngitis. I have seen Mr. M. a few weeks ago more than fifteen months after the last examination. His voice is now at all times loud, distinct and clear, and there is no sign of any recurrence in the larynx.

## CASE VII.

Mr. E. G., aged forty-two, of Logansport, Ind., consulted me February 24, 1891, on account of loss of voice. This condition was present since over a year, although he had been hoarse some time before. He did not know of any cause of the trouble. There was a small fibroid, the size of a split pea, attached to the free edge of the left cord, very close to the anterior commissure, which made an operation somewhat difficult. The patient, however, was willing to be relieved of his trouble by an operation, especially since he had been subjected for the last year to a number of the most heterogeneous treatments for the relief of his aphonia. The operation was accomplished in one sitting with Krause's tube forceps, an instrument admirably adapted to operations of this kind. I did not use an after-treatment, except such as directed against the congestion produced by the operative procedures. Thirteen days after the operation the patient left me with a perfectly clear voice, which has remained thus ever since.

In conclusion, I will say that I intentionally did not go into a detailed account of the pathology of these growths, for the reason that this same does not differ in any way from the histology of similar growths in other locations. Yet I must say that the term "papilloma" has always

been used in its clinical, and not in its histological sense. That these formations have sometimes a certain tendency to recur, even in places different from their original seat (as in case vi), is not unusual. They have this tendency in common with neoplasms in other parts of the body, for instance with the ordinary skin wart. However, that they show a great inclination to change into malignant tumors, either spontaneously or after repeated attempts at operation, as was formerly believed by many authorities, is now doubted on all sides; in fact, the exhaustive collective investigation on upwards of six thousand cases, carried on by Dr. Felix Semon, of London, a few years ago, has proved conclusively that if such a transformation ever happens it is an exceedingly rare occurrence.

366 West Eighth Street.

#### THE ANTIPYRIN HABIT.

Dr. Combemale relates in the *Bull. m d. du Nord*, No. 12, 1891, that a servant girl suffering from polyarticular rheumatism of long duration was treated with antipyrin, which she took in doses of fifteen grains daily, and this amount was increased to thirty or forty-five grains on her day of fatigue. Without this excitant she suffered from general depression, stiffness of the fingers, and swelling of the feet. For this reason she continued to take the drug regularly for four years. At the expiration of this time she showed signs of round ulcer, with pharyngeal cough, general muscular weakness, nocturnal agitation, insomnia and amenorrh ea. The drug was left off gradually and all these symptoms progressively disappeared.—*N. Y. Med. Record*.

#### CREOLIN-IODOFORM OINTMENT.

Creolin,	15 grains.
Iodoform,	30 grains.
Vaseline,	6 drachms.

Make into an ointment.

The advantage of this prescription (*Les Nouveaux Rem des*) is said to be that the smell of the iodoform is well masked.—*Therap. Gazette*.

#### SPURS ON THE NASAL SEPTUM.

A Paper read before the Cincinnati Medical Society, November 24, 1891,

BY

J. A. THOMPSON, M.D.,  
CINCINNATI.

Deformities of the nasal septum are very common. Some thousands of skulls have been examined by different authors at different times and places. Taking their totals we find, in the aggregate, 75 per cent. of all skulls show more or less deformity of the septum nasi. There is, however, an element of error in examining the dry skull. The deformity there found may be caused by the warping of the thin septum, as the skull dries. That this is not mere supposition is shown by the figures of Z ckerkandl. He examined the cadaver and found notable deformity in only 40 per cent. of his subjects. In only a proportion of this 40 per cent. is the deformity great enough to require operative interference. But cases where attention to the septum is needed are much more frequent than doctors generally believe.

The frequency of notable deformity of the nasal septum varies greatly with the race examined. It is least frequent in savages, most common in the civilized Caucasian.

There have been many attempts made to classify septal deformities, but as no two cases are ever exactly alike the classifications have usually been more complex than serviceable. For the purposes of this paper a very simple division will do. First, we may find the septum generally deflected, but not thickened. We may find it both deflected and thickened, or it may be thickened in some part by a tumor-like growth but not deflected. This last condition or class, spurs on the septum, is my theme to-night, and I shall not consider the other varieties, except incidentally as symptoms common to all are mentioned.

Spurs are generally found at the junction of the triangular cartilage with one of the bones of the septum, or at

the articulations of the septal bones; but they may occur at any point on the triangular cartilage. They are most frequent in the floor of the nose, at the articulation of the vomer and superior maxillary bones. The junction of the triangular cartilage and vomer, and triangular cartilage and perpendicular plate of the ethmoid are also frequent sites.

There is still much difference of opinion in regard to the pathology of septal spurs. Such histological examinations as have been made seem to show that they result from a chronic localized peri-chondritis. This localized peri-chondritis is a formative inflammation and results in the production of new cartilaginous tissue, which eventually ossifies. This last is an important fact. It largely determines for the operator the choice of instruments to use in removing a spur. I have encountered bone in some part of the spur in fifteen out of the sixteen cases I have operated on. The exception was a ten-year-old girl, operated on only a few days ago.

There is a wide divergence of opinion among authorities as to the cause of septal spurs. The oldest theory is one that attributes all such deformities to an irregular or excessive development of the septal bones and cartilages. The spurs that develop late in life show that this theory will not account for all cases, if, indeed, it explains any. The older writers also gave rickets a prominent place in the etiology of septal deformities. The irregular or defective development of the facial bones in rachitic children may produce this condition, but it is not the most common cause. Only a small proportion of patients with septal spurs have a rachitic history. Syphilis has also been cited as a common cause. This opinion I believe to be erroneous. The syphilitic lesions common in the nose are destructive, not formative in their tendency. There may be marked enlargement while a gumma is forming on the septum, but it is far more common for this enlargement to be followed by a perforating ulcer than by a spur.

A cause of septal spurs, which my observation leads me to think is a

common one, is one seldom or never mentioned by writers on this subject. Extension of inflammation by contiguity of tissue is a pathological process common to all parts of the body and to many diseases. Chronic inflammation of the Schneiderian membrane is one of the commonest of all chronic diseases. The extension of the chronic congestion attending chronic inflammation to the underlying peri-chondrium would result in a formative inflammation in this tissue and the production of a spur. But of all causes the most frequent is yet to be mentioned. More septal deformities are produced by traumatism than by any other cause. The injury need not be very severe to cause subsequent deformity. If severe, it will be more or less skilfully treated at the time, and sequelæ avoided. If only a few fibres of the cartilage or peri-chondrium are ruptured, after the manner of a greenstick fracture, the injury is apt to be disregarded. No precaution is taken to fix the parts and excessive callus will be thrown out at the point of injury. The nose is frequently bent, and the fragments moved in washing the face or blowing the nose. The repeated irritation of a part originally but little injured, results in chronic formative inflammation and the production of a spur.

The external deformity, which is a prominent symptom in deviations of the septum is not common with uncomplicated spur growths. If the spur be large, mouth breathing is a prominent symptom. The ala of the affected side will be seen to sink in with each inspiration. Epistaxis is frequent. The air we breathe is always more or less dust-laden. Such air as passes through the obstructed nostril moves with increased velocity through the narrow meatus. The solid particles in the air current act as the sand in a sand-blast and erode the membrane in exposed portions of the nose, open the capillaries and thus cause hemorrhage which is often profuse. Hypertrophy of the turbinated bodies in the opposite nostril is a constant feature of cases with spur growths. I shall not stop to discuss the method of its production. Alternatir

stenosis of the nostrils, due to congestion of the turbinated bodies, is present in many cases. The voice is affected, its resonance and quality being greatly impaired. On direct examination the spur will be seen as an irregular projection into the nostril. If large in size the membrane covering it will be thinned, showing the color of the cartilage beneath, and not the normal pink. Touched with the probe it will be found very firm, not movable, and attached to the septum. The consistency, color and point of attachment will differentiate a spur from hypertrophied turbinated bodies, polypi and fibromata, the only conditions with which it is liable to be confused.

The secondary diseases that result from spur growths give them their pathological importance. Where they cause mouth breathing the respiratory function of the nose is abolished. The cold, dry and dusty air then inhaled sets up chronic pharyngitis, laryngitis and bronchitis. The lungs thus damaged are fit for inoculation by the bacillus tuberculosis.

There is always naso-pharyngeal catarrh in persons with septal spurs. The membrani tympani on the affected side will be found retracted, and the hearing in that ear impaired. Often both ears are affected.

The most distressing of the secondary diseases are the reflex neuralgias. Headaches which have resisted medication for months and years have often disappeared in a few hours after the removal of a spur that pressed on the turbinated bodies.

There is only one effective mode of treatment in septal spurs. They must be removed by operation. Cauterizing the membrane over them, when it is swollen, gives temporary relief, at times; but, as a rule, the membrane is thinned, not swollen. Cauterization, to destroy the peri-chondrium or cartilaginous tissue, is not justifiable. It causes an offensive ulceration, slow in healing. The congestion around the ulcer causes the spur to grow more rapidly than it did before cauterization.

The knife and scissors may be ruled out as instruments for removing spurs,

for neither will penetrate the bony portion of the growth.

The drill, electric or dental, is effective in removing growths, but it leaves a rough surface, slow to heal, and the seat of a purulent discharge for many days.

Chisels are splendid instruments for removing small, round spurs. When the spur is an inch or an inch and a half long, as they often are, the chisel is not a suitable instrument. If started at the proper point, in the anterior portion of the growth, and driven back, the bevel of the instrument will force it through the septum before the posterior portion is severed.

Bone forceps strong enough to remove a spur are necessarily so large that they close the nostril and prevent our seeing the field of operation. If this did not cause their rejection as a suitable instrument, it is sufficient to say that their size makes it impossible to introduce them into a nostril already occupied by a spur.

The best of all instruments for removing spurs is, undoubtedly, a nasal saw. Its small size makes it possible to introduce it into any nostril, however much it may be occluded. It cuts through membrane, peri-chondrium, cartilage or bone. It can be better controlled than any other instrument.

The operation of removal is much more easily and quickly described than done. The parts are first thoroughly anesthetized with cocaine. It is best to make no attempt to dissect off the mucous membrane over the growth. It is a difficult thing to do, being attended with a very free hemorrhage, that obstructs the view of the field of operation. You can not keep a wound aseptic in the nostril without closing it entirely, and producing needless discomfort. A new covering will form over the site of the spur more rapidly than the membrane injured by dissection will unite with it. So it is the common practice of operators to remove the covering membrane with the spur. With the nostril well illuminated, it would be a simple operation for one accustomed to intra-nasal manipulations to saw a spur off the septum, were it

not for the hemorrhage. But the tissues are very vascular, and the field of operation is constantly being hidden by flowing blood. Having fixed in your mind the position of the growth, and noted the relation of the handle of the saw to external parts of the face, when in proper position to remove the growth, you may disregard the hemorrhage, guide the saw by its external relations and cut through the growth. But a better plan is to stop when you can not see, check the hemorrhage, cleanse the parts and start the saw again in its former channel. This is repeated until the spur is loosened, and can be lifted out with forceps. Hemorrhage after the operation is usually controlled readily by hot solutions of gallic and tannic acids, combined. Packing the nose with cotton or other material is seldom necessary.

The after-treatment is very simple. The wound should be cleansed frequently with solutions of borax. An insufflation of aristol, twice daily, keeps the part in good condition for healing, which usually is complete in from a week to ten days. If the operation has been done for reflex neuralgias they will disappear without further treatment. Naso-pharyngeal catarrh, otitis media and other secondary disorders will require appropriate treatment. But their cure will be much easier when the causal condition, the spur, has been removed.

[FOR DISCUSSION SEE P. 216].

#### NEW REMEDY FOR PHTHISIS.

The latest remedy for phthisis is monochlorophenol. It is described as a powerful antiseptic, free from the disagreeable odor and from the caustic and irritant action of its related compound, trichlorophenol. It has been introduced by Tacchini, a chemist of Pavia, and successfully tried by several Italian doctors. It is recommended as an inhalation in various affections of the respiratory passages, and especially in pulmonary tuberculosis. Monochlorophenol is very volatile, giving off heavy vapors on heating, which are antagonistic to bacilli.—*British and Colonial Druggist*.

## Society Reports.

### ACADEMY OF MEDICINE.

#### OFFICIAL REPORT.

*Meeting of January 4, 1891.*

The President, GILES S. MITCHELL, M.D., in the Chair.

T. V. FITZPATRICK, M.D., Secretary.

DR. GUSTAV ZINKE read a paper on

*Two Cases of Post-Partum Hemorrhage* (see p. 201).

#### DISCUSSION.

DR. MAX KOEHLER:

There are two causes of post-partum hemorrhage, provided the placenta is completely removed. Laceration of the cervix and atony of the uterus. Laceration of the uterus might have been the cause in the essayist's first case, as the hemorrhage occurred while the patient was under control of the nurse's hand, the uterus apparently well contracted. Laceration of the cervix is best treated by suture, or if the instruments are not on hand, by hot water or by tampon. Atony of the uterus is the most frequent cause of post-partum hemorrhage. According to prominent German obstetricians, atony is very often the cause of a too early application of the Credé method. They recommend, therefore, to wait one or two hours before resorting to this method, always watching, of course, the fundus. I always make it a rule to wait at least half an hour. The placenta is in this time expelled by pains; if not, slight force suffices to expel it. The treatment in such cases of atony would be massage of the fundus, hot water injections, tamponading of the uterus with iodoform gauze. The last method has of late met with great favor, and is recommended by eminent men as the best and safest procedure.

DR. JAMES T. WHITTAKER:

I am surprised at the statement that laceration of the cervix was any frequent cause of post-partum hemorrhage. It is certainly not a cause of hemorrhage of that alarming degree seen in the cases reported by Dr. Zinke.

The previous speaker said that atony of the uterus is the greatest cause of alarming hemorrhages. The expression of the placenta by the Credé method is, the speaker thinks, the most practicable plan of managing this stage of labor. Where the expression is practiced gently but firmly it is always effective. A woman is exhausted by the expulsion of the child, and should be allowed to rest after it. \*If after a half an hour or an hour the patient is to be aroused and subjected to new tortures it seems cruel. It is best to have done with it all at once. True, it is not natural, but nature often fails to fit in with civilization, and the practice of medicine is largely an assistance or convention of nature, as in clothes, morals, etc.

DR. STEWART:

It is only fair to say that Credé does not recommend force in the expulsion of the placenta. The method calls rather for firm massage than squeezing. The object is to assist the normal contractions of the uterus. Squeezing or rough usage is bad practice, although a gentle force properly applied will at times greatly help matters. I have learned to wait for the normal contraction, or at most to attempt to excite the uterus to contraction by friction massage and gentle kneading over the uterine site.

As to tamponing the uterus with iodoform gauze, Dührsen distinctly recommends the packing of the cavity in those cases in which other methods of controlling post-partum hemorrhage have failed. I never have had a case of hemorrhage which could not be controlled by the methods mentioned by the essayist, but if such a calamity should ever befall a patient under my care I should not hesitate to use the gauze tampon, providing, of course, all other methods had proved unavailing.

An interesting question on this matter of post-partum hemorrhage is the influence of chloroform in its production. I always use chloroform unless positively prevented by the patient's relatives. The worst case I ever had was one in which I did not use chloroform.

DR. A. W. JOHNSTONE:

I am not an obstetrician, but like the most of physicians, I have attended my share of obstetrical cases. The Credé method, in the hands of some physicians, is a dangerous procedure. Severe and continued squeezing of the uterus will paralyze it, and thus induce hemorrhage. The uterus, from the beginning of gestation, has regular contraction, which occurs at intervals of eighteen minutes. Gentle tiltilation of the uterus at the approach of the rythm will cause the contraction of the uterus necessary to expel the placenta. In cases of severe post-partum hemorrhage, I know of no remedy superior to cider vinegar. A handkerchief or napkin dipped into it and passed into the uterus will produce permanent contraction at once. Through this remedy I have saved the lives of several women.

DR. JULIA W. CARPENTER:

I wish to add my testimony to the efficacy of vinegar in post-partum hemorrhage. I have made it routine practice from the first case to the last to have a tumbler of vinegar at hand and strips of muslin about an inch and a half wide and a yard long. When used, the strip of muslin was quickly wound around one or two fingers, dipped into the vinegar, and introduced into the uterus. The effect is immediate, and it saves the necessity of introducing the entire hand. In one instance I saved the lady's life simply by having things in readiness, as the outburst was so sudden and so excessive that there was not a moment for preparation. To have saved one valuable life, simply by having things ready, amply repays one for unnecessary trouble a great many times.

DR. THAD. A. REAMY:

The two cases of Dr. Zinke have been graphically reported and are full of interest. The treatment adopted by the doctor was sound, and was in all probability the means of saving life in both instances. It has been asserted that there is really but little danger to life in these cases, that comparatively few women die of post-partum hemorrhage, no matter what treatment is em-

ployed. Such an opinion is fallacious. When we consider that the hemorrhage may come from the whole area of the placental site, we better comprehend why, in a typical case, the blood flows in torrents. In my earlier years of practice I have seen a woman bleed to the point of syncope, the bed and floor deluged within the space of two minutes. No one who has seen the clinical picture needs to be told that there is danger. The mortality from the accident cuts a positive figure in obstetric literature. When death does not occur immediately the vitality of the patient is so lowered as to inflict serious temporary, and often permanent injury.

As to the causes of post-partum hemorrhage, I do not now consider tears of the vagina or cervix. These do unquestionably sometimes cause serious hemorrhages, but usually in such cases there has been something in the character and conduct of the labor to lead the physician to suspect the accident, and then an examination would easily disclose the situation. In such cases the hemorrhage must, if severe, be controlled by pressure until sutures can be introduced so as to arrest the hemorrhage and at the same time lay the foundation for repair of the injury.

It is common knowledge that the chief cause of hemorrhage, in the cases under discussion, is the absence of proper uterine contraction. When the placenta is detached there must be immediate contraction or hemorrhage. The immediate contraction arrests the hemorrhage; to make it permanent there must be likewise retraction of the uterus. This latter condition of the uterus after delivery can only be reached by alternate contraction and relaxation. Any accoucheur, of observation and experience, who, placing his hands upon the abdomen immediately after delivery of the placenta, and finding the uterus like a hard ball, and continuing in that state without relaxation for a long time, will not, on any account, leave that bedside until he has observed the organ to relax and then contract again, for he knows that this prolonged contraction is morbid, and that it will, in all probability, be followed by pro-

longed relaxation and hemorrhage. When, however, contraction and relaxation have occurred several times, he feels secure, for now retraction has likewise occurred, the blood vessels are safely plugged, and the first and most important step in involution has been taken.

The rythmical contraction referred to by Dr. Johnstone, which occurs about once in eighteen minutes, as stated by the doctor, and which continues during the whole period of gestation, is unquestionably under physiological law. It has been most instructively discussed by Braxton Hicks. The contractions of parturition are no doubt under the same law. They are of course more violent and prolonged. They do not now occur regularly once in eighteen minutes, but at different intervals at the different stages of labor. The nine months of gestation are occupied in muscular training, as in the prize-fighter, but when labor commences, here, as in the prize-ring, the muscular exercise is more violent, and toward the close of the second stage the contractions are only from ten to twelve minutes apart, ordinarily.

When the child has been expelled, the uterus normally rests longer before contracting than it did between the two last contractions of expulsion. Hundreds of times I have watched the process with a view of noting the time. This postponement of contraction is manifestly because the muscles are exhausted from severe effort. It is therefore a normal condition. It follows that to interfere with the stage of rest by compressing the uterus immediately after expulsion of the child, with a view to immediate delivery of the placenta, is unsound practice. It does harm in several ways. First, it interrupts the rest of the uterine muscles referred to; the muscular contraction secured by the stimulation of pressure is therefore necessarily imperfect, consequently likely to be followed by muscular exhaustion and hemorrhage, the very things desirable to be avoided. Second, it may secure premature detachment of the placenta, thus favoring



hemorrhage and depriving the newborn child of the benefits of the placental circulation, which in many instances it needs for its welfare and safety for several minutes after birth. Of course, all know that, in some cases, the placenta is wholly detached by the last expulsive pain that delivered the child, and will be found at the mouth of the uterus, or partly within the vagina, but this is not the usual or normal process, nor is it best either for mother or child. When it has occurred, the lower margin of the placenta can readily be touched by the index finger without introducing any part of the hand into the uterus. In all cases, when the placenta can be so touched, it has been detached, and should be promptly delivered by gentle but continued traction of the cord in the proper axis; at the same time the other hand should be held firmly against the anterior uterine wall immediately above the pubes, for the double purpose of preventing the traction upon the cord from displacing the uterus downward, at the same time inviting, by the stimulation of compression, uterine contraction. This is all important, because at this stage of procedure, with the cervix dilated and tamponed by the placenta, the body of the uterus is exceptionally prone to relaxation, attended by concealed hemorrhage, a most dangerous condition. Should such condition be detected, an assistant's hand should be placed by the accoucheur upon the anterior wall of the uterus with instructions to make pressure, and the accoucheur must at the same time make traction upon the cord with one hand, and carry the fingers of the other hand partly in front of and above the placenta, within the cervix, and push backwards and downwards so as to speedily accomplish removal.

I am aware that the Cr  de method of placental delivery is often badly comprehended, and even by those who profess to believe in the method, and to follow it, the plan of that distinguished man is not carried out. But I am, however, opposed to the method, as practiced by its author, and for

reasons already stated, chief of which is its interference with the muscular rest, which is indispensable. At the same time I condemn waiting longer than fifteen to twenty minutes for the rest referred to. If, after this lapse of time, efficient contractions for placental expulsion have not occurred, I would in every case compress the uterus and seek to secure it.

I have seldom found difficulty in securing contractions for arrest of severe cases of hemorrhage by thrusting one hand into the uterus, seeking the placental site, and pressing the dorsal aspect of the hand against it, at the same time grasping the uterus with the other hand outside, allowing contraction to expel the hand, afterward continuing the conjoined compression, with one hand in the vagina and the other over the fundus. In all cases the compression should be intermittent. On this last point I insist, as by it permanent contraction can be better secured. In all such cases twenty drops of fluid extract of (Squibbs) ergot should be administered hypodermatically so that its action may come as an important auxiliary to the other method. I have often thrown hot water, 100   F., into the uterus with a fountain syringe with the most prompt results. Not unfrequently I have thrown it in while my hand was yet within the cavity so that I could mark the promptness of its action. I have not found occasion to use vinegar, but its value cannot be questioned. This remedy was successfully used more than one hundred years ago, and all are familiar with the success following its use in the hands of Dr. Penrose, of Philadelphia.

In answer to the question of my friend Dr. Whittaker as to whether I would use a tampon, I say no, except the hand in the uterus against the bleeding surface be considered a tampon, and then in a desperate case a handkerchief or gauze, or lint saturated with vinegar or other styptic might with proprietary be carried into the uterus by the hand and pressed against the bleeding surface; but this is not tamponing in the sense meant in the

doctor's question, and to which I again answer, no. With an empty and relaxed uterus such a plan is most unscientific. At the same time the practice has, in certain cases, the sanction of such distinguished authorities as Auvard, Born and others.

DR. ZINKE, closing the discussion, said:

I appreciate your considerate criticism very much, and only wish to add that I have never found it necessary to tampon the uterus after labor. The bleeding due to laceration of the cervix soon ceases spontaneously, and a tampon, as well as a suture, is very rarely, if ever imperatively, indicated. As to tamponing the uterus in cases of uterine-inertia, I have my serious doubts as to its practicability. Is it a safe and ready procedure in the hands of the average general practitioner? I think not. In some of our Eastern maternities an iodoform suppository is introduced into the uterus immediately after every labor, and if, in connection with severe after-pains, the temperature goes up to 100° F. within twenty-four or forty-eight hours after the birth of the child, the uterus is scraped, irrigated, and treated to another iodoform taper. I fail to see the necessity of this routine practice. That, occasionally, a case may be in need of such treatment, I will not deny. A uterus that will fail to contract, while the hand of the operator is within the cavity, will, I fear, cause the patient's death before other means can be resorted to. The only cases in which the utility of the iodoform tampon appears to be of value are those in which repeated relaxation and renewal of hemorrhage is observed, and here the vinegar and lemon treatment might be substituted when the iodoform tampon is not at hand. But, after all, he who is thoroughly competent and careful in the management of the third stage of labor, and knows how to manage the uterus after the expulsion of the placenta, will have little, perhaps no opportunity, to resort to these means after a normal labor in otherwise healthy women. I have never seen a case where the uterus could not be kept permanently contracted by gentle

friction and pressure of the hand. It is true that "squeezing" the uterus continually and severely is productive of harm.

## THE CINCINNATI MEDICAL SOCIETY.

OFFICIAL REPORT.

*Meeting of November 24, 1891.*

The President, F. W. LANGDON, M.D.,  
in the Chair.

L. S. COLTER, M.D., Secretary.

DR. J. A. THOMPSON read a paper on

*Spurs on the Nasal Septum*  
(see p. 209).

DISCUSSION.

DR. C. W. DODD:

He had been much interested in Dr. Thompson's paper, but it was a subject about which he was more familiar in printer's ink than in personal experience. The operation he hardly advises, believing the cases in which it is beneficial are very few and far between. The great trouble is, that in healing a cicatricial tissue forms over the site of the operation, and on this crusts will form. The operation is comparatively recent, and seems to have grown into prominence in this country more than in Europe. It is very seldom that you can persuade a patient in private practice to have the operation performed.

DR. T. V. FITZPATRICK:

As to the cause, the difference in the bones of the face would largely account for the existence of nasal spurs. Children under five years of age are very rarely affected with deflected septa. After puberty, as Dr. Thompson said, you seldom find a straight nose. There are two conditions under which the operation should be formed: first, where they interfere with nasal respiration; second, where they are the cause of reflexes, as neuralgias, ear troubles, etc. In his experience cases of facial neuralgia had been most markedly benefited by an operation. His method of removing these spurs differs somewhat from that which Dr. Thompson has so graphically described. He first dissected

off the mucous membrane above and below before operating.

DR. THOMPSON:

In regard to the objection raised by one of the speakers, to the cicatricial tissue being the source for the formation of crusts, he thought that the objection would only hold good for a few months. Only a small percentage of cases require an operation, but where we have reflex disturbances in the ear or elsewhere, he thought the surgeon was not doing his duty until he operated.

DR. E. S. RICKETTS reported a case of  
*Gun-Shot Wound of the Liver*  
(see LANCET-CLINIC, January 23, 1892).

#### DISCUSSION.

DR. RUFUS B. HALL:

Had had very little experience with gun-shot wounds of the liver. He could only recall one case, and in this he was not certain as to his diagnosis, as the man recovered, and consequently it could not be verified. The man was shot in a saloon row; the ball, which was of large size, entered the left side just below the costal cartilage and proceeded to the right side and entered the liver. The man suffered from sepsis, but finally recovered and lived several years, but recently got into another row and was killed by another dose of lead. In the history of the civil war are a number of cases where recovery had taken place after gun-shot wounds of the liver.

DR. J. A. THOMPSON:

He recalled a case that occurred while he was *interne* in the Cincinnati Hospital. The patient was shot in the left breast about where we expect to find the apex beat of the heart. The heart must have been firmly contracted just at the time the bullet entered. The ball passed through the pericardium and lung, as evidenced by pericarditis and bloody expectoration. He recovered in a short time and left the hospital and went to the work-house.

DR. RICKETTS:

He thought it very fortunate that the ball passed through the liver substance. In cases of stab-wounds of the liver, in which the lobe is not cut into, we can expect to have good results by

the application of the perchloride of iron and packing with iodoform gauze. Where the wound permits leaking into the abdominal cavity the thing to do is to open the abdomen. If prompt action is taken in cases of wounds of the liver we can hope to have better results.

#### DIURETIN.

Dr. Kress, in an elaborate paper in the *Münchener medicinische Wochenschrift*, 1891, No. 38, S. 663, gives a very careful review of the literature of this recent valuable addition to our therapeutic armamentarium. He cites twenty cases in which this drug has been used. His conclusions are:

1. It is a true diuretic, increasing both the solid and watery constituents of the urine.
2. It is not an irritant, and its influence upon the organs of circulation is secondary.
3. It is most valuable as a diuretic in acute and chronic diseases of heart and kidneys.
4. It can be administered to two drachms *per diem* without unpleasant results, and continued without losing its value.—*Am. Jour. Med. Science.*

#### THE DISPENSARY ABUSE.

The anxiety of the medical press of New York City over what is termed the "Dispensary Abuse" is amusing, especially to an outsider. It reminds us very forcibly of the old story about the man who found the frozen serpent and warmed it back to life by cuddling it in his bosom, when it promptly stung him for its pains. The medical profession of New York took the afflicted pauper in and is now being "taken in" as a return.—*Medical Fortnightly.*

THE next International Medical Congress meets in Rome, in 1893, and probably in the last fortnight of September. Prof. Bacelli has been elected president, and Prof. Maragliano, of Genoa, secretary. The sections are twelve in number.

## Translations.

### THERAPEUTIC NOTES

FROM FRENCH AND GERMAN JOURNALS.

TRANSLATED BY  
F. H. PRITCHARD, M.D.,  
NORWALK, O.

#### CREASOTE IN CONSUMPTION.

Prof. Sommerbrodt, of Breslau (*Berliner klin. Wochenschr.*, No. 43, 1891; *Wiener med. Presse*, No. 49, 1891), warmly recommends, from a long clinical experience, the use of creasote in large doses, one to four grammes (fifteen drops to one fluid drachm) per day, in the treatment of consumption. This drug must be given in large doses if one will obtain successful results. In patients above ten years one may begin with fifteen drops and push the dose up to even one drachm per day. The author describes nine cases of relatively slightly advanced pulmonary tuberculosis which were treated by this method and cured. In six of these cases there were, after one, two, three or four months, twice after six or seven months, no longer any signs of pulmonary disease; yet in such cases, even after apparent recovery, he has his patients all take one gramme (fifteen drops) a day for the following six months. Three cases of the disease in an advanced stage were so much improved under this treatment that they feel well. He now uses capsules of one decigramme (one and one-half drops) with cod-liver oil. If they cost too much for the patient, then one may employ Hopmann's mixture:

℞ Creasot., . . . gm. 1 (℥ xv).  
Tinct. gentianæ, . . . gm. 2 (℥ xxx).

To be given in doses of twenty to eighty drops per diem in wine or water.

The chief value of this method lies in the fact that it is curative in those patients who cannot give up their business or leave their home to be treated for months in institutions, or change of climate. The writer does not think the remedy to have a deleterious influence upon the stomach; it must be admitted

that in some cases, at first, it causes disagreeable eructations, but as a rule this soon disappears. He has seen patients take five, ten, and even twenty thousand capsules of creasote, without interruption, and yet preserve their appetite.

#### TREATMENT OF CONVULSIONS IN CHILDREN.

Dr. Descroizilles (*La Province médicale*, No. 24, 1891) treats convulsions in children as follows:

1. Place the child upon a new couch, undress it and look for some possible source of irritation, as, for example, a pin, etc.; possibly its bed might have been too hard.

2. Give it a thorough washing all over, or plunge it into a tepid bath, to which mustard may be added with advantage. Cold affusions to the head have been used with advantage. In Germany and Switzerland, if convulsions occur during the course of a febrile disease, the child is placed in a cold bath.

3. The irritation may come from the digestive tract; if so, provoke vomiting by tickling the throat or giving an emetic. If the belly be distended give a purgative, ten to twenty centigrammes (one to two grains) of calomel or five to fifteen grammes (one to four drachms) of castor oil. If the child has passed worms, then give a vermifuge.

4. If there be cerebral hyperæmia, apply leeches to the mastoid processes, the outer side of the thighs or the tarsotibial region. In vigorous children one may abstract blood from the leg—saphenous vein—or the arm.

5. One may apply hot compresses, upon which mustard has been sprinkled, to the lower extremities; compress the carotids.

6. Give inhalations of chloroform, yet with caution, as this agent is dangerous and its action only transient.

7. If the convulsive stage is prolonged, administer the oxide of zinc, five to forty centigrammes combined with equal parts of hyoscyamus. The bromides, associated with chloral, give good results; they may be administered

in doses of fifty centigrammes to one gramme (eight to fifteen grains) in very young children, two to four grammes (thirty to sixty grains) in older children, and in those to their youth four to six grammes (sixty to ninety grains). As to chloral, one may give five centigrammes to the new-born, fifteen centigrammes to nurslings, twenty to thirty centigrammes to those over two years, and forty to eighty centigrammes to children of seven to twelve years. The administration should be promptly suspended as soon as there is no longer need for it, and resumed when necessary.

8. If the attack be once passed, then keep the child absolutely quiet; after some time prescribe tonics and continue the bromides. Prescribe cold affusions to the head, general frictions, frequent warm baths, and watch its nourishment carefully. Small doses of calomel, the oxide of zinc, and valerian may be advantageously taken from time to time.

#### INHALATIONS OF THE ESSENCE OF TURPENTINE IN FIBRINOUS PNEUMONIA.

Dr. G. Slepianin (*La Semaine médicale*, No. 56, 1891) has found inhalations of turpentine of great service in fibrinous pneumonia. He uses the following mixture:

℞ Essent. terebinthin.,	aa	gms. 30
Glycerin. pur.,	(fl. 3j).	
Aq. destillat.,		gms. 180
(fl. 3vss).		

Sufficient for five or six inhalations.

This may be inhaled five or six times a day by means of a spray. Each inhalation should last five or six minutes, the patient lying quietly upon his side and breathing tranquilly; now and then let him take five or six long breaths. The writer found that the cases treated by this method ran a very mild course, while the patients were in a state of comparative ease.

[Poisoning by turpentine is possible; indeed, a communication was recently published in a German medical journal where several coopers were poisoned from inhaling the fumes arising from the staves of some old turpentine barrels

which they were making into smaller casks. Turpentine acts especially on the kidneys, producing congestion and inflammation, with consequent hæmaturia and albuminuria.—TRANSL.]

#### THE EMPLOYMENT OF THE MYDRIATICS.

Dr. E. Jackson (*Le Bulletin médical*, No. 97, 1891) advises a cautious and parsimonious use of mydriatics in order to avoid general disturbances. He would instill a few drops upon the superior portion of the cornea and immediately close the eyelid; the resultant action is six times as great as if the same amount had been dropped into the conjunctival cul-de sac. To rupture the synechiæ of iritis he employs the following collyria:

1. ℞ Aq. destillat., . . . gms. 10  
(fl. 3ijss).  
Atropin. sulphat. neutr., . . . cgms. 20  
(gr.  $\frac{1}{8}$ ).
2. ℞ Aq. destillat., . . . gms. 10  
(fl. 3ijss).  
Daturin. sulphat., . . . cgms. 10  
(gr. 1-6th).
3. ℞ Aq. destillat., . . . gms. 10  
(fl. 3ijss).  
Duboisin. sulphat., . . . cgms. 10  
(gr. 1-6th).
4. ℞ Aq. destillat., . . . gms. 10  
(fl. 3ijss).  
Hyoscyamin. sulphat. (sen)  
hydrobromat., . . . cgms. 10  
(gr. 1-6th).

Instill every ten minutes until the pupil is perfectly dilated; then drop a few drops upon the cornea three times a day. To prevent absorption of the alkaloid by the lower lachrymal punctum, place a pledget of absorbent upon it.

If one desire simply to paralyze accommodation, then the best agent is the hydrobromate of homatropine, as follows:

℞ Aq. destillat.,		gms. 10
(fl. 3ijss).		
Homatropin. hydrobrom.,	cgms. 20-30	
(gr. $\frac{1}{4}$ - $\frac{1}{2}$ ).		

To dilate the pupil temporarily, use rather, a collyrium with cocaine, as follows:

℞ Aq. destillat.,		gms. 10
(fl. 3ijss).		
Cocain. hydrochlorat.,	cgms. 10-20	
(gr. 1-6th-1-3d).		

Dilatation does not take place for an hour.

In certain cases of very painful iritis one may use the following:

<b>R</b> Aq. destillat.,	gms. 10
(fl. ʒijss).	
Cocain. hydrochlorat.,	cgms. 20
(gr. $\frac{1}{4}$ ).	
Homatropin. hydrobromat.,	cgms. 30
(gr. $\frac{1}{4}$ ).	

Homatropine used alone acts as an irritant and causes a profuse secretion of tears and peri-corneal hyperæmia; the use of cocaine diminishes these phenomena.

#### LOCAL SOCIETY NOTICES.

##### ACADEMY OF MEDICINE.

Monday evening, February 15, Dr. A. W. JOHNSTONE will read a paper on "Flap-Splitting for the Cure of Fistulæ."

##### CINCINNATI MEDICAL SOCIETY.—

Tuesday evening, February 16, Dr. J. A. THOMPSON will read a paper on the "Treatment of Laryngeal Lesions in Phthisis." The discussion will be opened by Dr. J. C. MACKENZIE.

At the annual meeting of the Walnut Hills Medical Society, the following officers were elected for the ensuing year:

*President*—Dr. A. W. Johnstone.

*Vice-President*—Dr. N. I. Scott.

*Secretary and Treasurer*—Dr. R. C. Jones.

*Corresponding Secretary*—Dr. W. D. Porter.

*Trustees*—Drs. J. H. Buckner, E. W. Mitchell and A. M. Brown.

The Society then adjourned to discuss the annual banquet, toasts being responded to by Drs. C. A. L. Reed, R. B. Hall, T. A. Reamy, A. M. Brown, A. B. Isham, Ed. Ricketts and C. L. Knight.

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## THE CINCINNATI LANCET-CLINIC:

*A Weekly Journal of*  
**MEDICINE AND SURGERY**

ISSUED EVERY SATURDAY.

#### EDITORS:

A. B. RICHARDSON, M.D.

J. C. OLIVER, M.D.

L. S. COLTER, M.D.

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Cincinnati, February 13, 1892.

### Editorial.

#### EXPERT TESTIMONY IN RELATION TO MEDICAL SUBJECTS.

We have had occasion more than once to comment upon the practice of summoning medical experts in courts of justice and to point out the reforms which are urgently demanded. At present the custom is such that it is not conducive to the credit of the expert nor of particular enlightenment to the court or jury.

The principal defect is in the manner in which expert testimony is introduced. An expert is of use as a witness simply for the purpose of giving an opinion. To be of value this opinion should be unbiased. As matters now stand this cannot be true. The services of an expert are now usually first solicited by the attorney for one side of the case. The case is presented to the expert as the latter sees it or as he hopes to demonstrate it. If an examination of the subject follows, it is made with

this preliminary interview in mind. No man is proof against the unconscious bias which is engendered by a knowledge of his relation to the interests of a given case, or able to free his mind entirely from the influence which a narration of supposed facts in it leaves with him.

It is for this reason that there is never any difficulty in securing as many to testify on one side as can be summoned on the other. It is simply a question of accessibility. No matter what may be the facts, nor how positive may be the conclusions of experts on one side, a hypothetical statement can be framed that an equal number of experts—with the bias of previous partisan coloring, and of the knowledge of employment in given interests—will answer in diametrically opposite ways. If it is thought unsafe to have an examination of a suspect by the expert, the case is carefully withheld and the testimony is entirely upon a suppositious one. Then the argument is made to the jury that there are an equal number of experts on each side, and therefore all such testimony should be thrown out. In the hands of shrewd attorneys the most positive opinions, based upon direct personal information, may be thus overthrown or damaged by other testimony, which may, in reality, have no basis in actual personal knowledge of the facts in dispute.

The remedy would be to take the whole question of expert testimony out of the hands of the attorneys for either side and place it in the hands of the court. When expert testimony is desired by either side, let application be made to the court, and let the court summon a given number. Let their compensation be fixed by the court and paid by the interest demanding it. This would lead to two reforms. The

expert, with no obligation to either side and with no preliminary bias through partisan statements, would be in position to give opinions of much more value to judge or jury; while resort would not be so frequently had to expert testimony in cases where there exists uncertainty as to the merits of the theory, for defense of which it is desired.

In the more limited field with which we have had most experience, the question of insanity in criminal and civil cases, we do not concede that expert testimony is open to any greater criticism than attaches to that of any other character. There could scarcely arise a case of poisoning, where the exactness of chemistry would be supposed to be a guide, where the same opposition in conclusions is not found. No question in mechanics can arise where opinions are not at direct variance. How then can we wonder that opposite conclusions are reached from biased hypotheses based upon such elusive data as the operations of the human mind?

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#### EDITORIAL NOTES.

WE announce, with much real sorrow, the death of Dr. J. H. Tate, in the seventy-sixth year of his life. The Doctor has been identified with the medical profession of our city for upward of forty years, and has always taken and maintained a high position among his brother-physicians. For many years he was one of the obstetricians of the Cincinnati Hospital, and at the time of his death occupied the position of consulting obstetrician.

Dr. Tate has always had the respect and confidence of the community in which he has lived; his life has been pure and free from vain bickerings; he has always arrayed himself upon the

side of truth and justice, and, so far as we know, there is no one who is not honestly sorry that death has removed him from our midst.

The sorrow that we all feel over the Doctor's death is mitigated by the knowledge that he was spared to complete a long span of years, and also by the knowledge that he was not called upon to undergo the tortures consequent upon an illness which would have entailed a prolonged, enforced period of idleness and suffering.

With this small personal tribute we desire to convey our sympathy to the loved ones left behind. We shall publish an extended biographical account of Dr. Tate in our next issue.

THE newspapers have announced the death of Sir Morell Mackenzie, of London. Every medical man is familiar with his name and work, and nothing we can say could add aught to his greatness.

All physicians will remember the part he took in the case of the late Emperor Frederick of Germany, and the bitter controversy that resulted. Great Britain has lost an eminent physician and the civilized world a brilliant writer.

#### PUBLISHER'S NOTICES.

WAYNE'S ELIXIR was originated by Prof. E. S. Wayne, Cincinnati's leading chemist, formerly Professor of Chemistry in the Ohio Medical College and Professor of Materia Medica in the Cincinnati College of Pharmacy. It has stood the test of experience, and has the endorsement of many of the leading physicians of this community. We feel confident that in all cases where such a diuretic is indicated the profession will not be disappointed in its use. Samples will be cheerfully furnished any reputable physician for experiment by making application to the proprietor, as suggested in our advertising columns. All our readers should avail themselves of this opportunity to acquaint themselves with its merits. It is safe, pleasant and thoroughly reliable, and meets all the indications for a diuretic.

## Selections.

### FROM CURRENT MEDICAL LITERATURE.

#### SYPHILITIC "TRIPPER," OR GONORRHOEA.

There is an interesting article by Dr. Joseph Grünfeld in the *Internationale klinische Rundschau*, December 27, 1891, on syphilitic "tripper," or gonorrhœa. He first apologizes for the term used, inasmuch as to-day it is thoroughly understood that syphilis and gonorrhœa have nothing in common; but using the term "tripper" in its broadest sense, *i. e.*, a pathological discharge from the urethra, or, in other words, simply a symptom of some diseased process, he describes the following forms found in syphilis:

1. The presence of the initial lesion of syphilis in the urethra. In such a case the secretion, which may be greater or less in amount, is mucous in character, and sometimes is tinged with blood. Later a gradually increasing infiltration of the urethra makes its appearance; it is hard to the touch, the glans about the meatus swells, and has a wax-like look, until finally an erosion appears, giving the complete characteristics of the initial lesion. In many cases the increase in the local symptoms is absent, the infiltration persists a long time, the secretion diminishes and the gland involvement and swelling of the lymph-vessels, together with general lesions of syphilis, indicate the meaning of the discharge.

2. Not seldom is observed another set of symptoms in the development of the initial form of syphilis. On different parts of the glans, on the frenum or on more distinct parts of the penis, develop one or more Hunterian chancres, which pursue, indeed, their normal course, but later produce infiltration of the glans. By extension of this condition, the urethral portion of the glans is also involved, a discharge from the urethra appears, which, together with the characteristic inflam-



matory conditions of the meatus, show all the signs of a "tripper."

3. Another, though seldom observed, condition is in the later stage in persons who are affected with syphilis, viz., at that time when different portions of the body show the papular exanthem, which, in certain localities, ulcerate. Such a person, whose meatus has at no time showed any suspicious symptoms, now notices that the lips are glued together, the discharge gradually increasing in amount, without, however, becoming very great at any time. The reason for the rarity of this condition is to be found in the fact that in the urethra there is no friction present, which is an important factor in the production of ex-ulcerated papules on other localities of the body. Grünfeld discovered in one case, by means of the endoscope, an ex-ulcerated papule in the urethra.

4. The gummatous form of syphilis may also produce this condition. Grünfeld observed one case of this variety, resembling an acute gonorrhœa. It occurred in a man who was under treatment for some of the later forms, viz., periostitis, gummata on the leg, etc. While under treatment the patient complained of burning on urination, and examination showed considerable secretion of a muco-purulent character, apparently of a four or five days' old gonorrhœa. Endoscopic examination showed two characteristic syphilitic sores on the mucous membrane of the urethra.

The lesson to be learned from the above-mentioned cases is, that "the urethra may, in the different stages of syphilis, be the seat of specific affections, which appear in the form of a 'tripper' or gonorrhœa." W. L. M.

#### THE SURGICAL TREATMENT OF GRANULAR LIDS.

The *Ophthalmic Record* of January and February contains an article by Dr. L. Webster Fox on an inviting topic for consideration to those who have had to deal with granular conjunctivitis, and have been so frequently disappointed in results. The method

considered was introduced by Professor Manolescu, of Bucharest. Two instruments are employed, viz.: "A catch dressing forceps having on the male blade three pins which, when the instrument is closed, pass through corresponding openings on the opposing or female blade; these pierce the eyelid to prevent slipping when complete eversion of the lid is made. The second instrument is a tri-bladed scarificator or scalpel; the outside blades are jointed so that they may be easily turned when being cleaned. They are securely held and make parallel incisions."

Dr. Fox describes the operation as follows: "The upper lid is grasped by the forceps, along its margin, then turning the edge upon itself the lid is rolled up until the retro-tarsal fold is brought out. The exposed part is now thoroughly scarified with the three-bladed scalpel, not only horizontally but also vertically. The granular tissue is then scrubbed with a tooth brush, the bristles of which have been cut down to about one-half their usual length. The brush is steeped in a corrosive sublimate solution 1 to 500 before using. Immediately after the grattage the part is washed with the 1 to 500 solution." The entire surface involved is thus dealt with. But slight reaction follows. The corrosive sublimate solution 1 to 500 is applied with a brush to the eyelids daily for about a week.

Dr. Fox cites several cases treated by this method, and speaks very enthusiastically of results obtained. G. H. G.

#### IMPURITIES IN COMMERCIAL SAMPLES OF PEROXIDE OF HYDROGEN.

In the *Medical News* of January 30, Dr. Samuel S. Wallian, of New York, demonstrates conclusively that the various samples of this agent, now in the market, vary greatly in their purity and efficiency. Of five samples one gave a strength of eight and one-quarter volumes; another of thirteen and a half volumes; a third of seventeen volumes; a fourth of one and one-half volumes,

and a fifth of twelve volumes. Some were distinctly acid in reaction and showed a considerable liberation of gas, in the force with which the cork of the bottle was ejected. The writer insists that samples should be entirely neutral in reaction, should not readily deteriorate, and should have the strength claimed for them. Only one of the samples tested answered these requirements.

A remedy which is so generally used as this, and in which purity is so important, should be known to be reliable, and we have for this reason called the attention of our readers to it.

#### HYOSCINE AS A MENTAL ALTERATIVE.

In a communication to the *Journal of Mental Science*, Dr. Lionel Weatherly speaks strongly in favor of hyoscine in certain mental conditions, and wisely warns against mistaking it for hyoscyamine, — an alkaloid very different in character, from the clinical physician's point of view, at least. He believes strongly in the powers of hyoscine as a mental alterative, and considers it particularly useful in that form of disturbance of the mind which renders the patient violent and abusive, restless and domineering—a nuisance to every one about him. Under the administration of *repeated small doses* of hyoscine, such a patient becomes a changed person; violence and abusiveness give place to an amiable politeness; and the patient subsides into silence.

These are the cases in which the author finds hyoscine most useful, and in which he believes it to act as a true mental alterative. It is also recommended as a useful remedy in delirium tremens, and in other diseases in which *tremor* is a marked symptom,—such as disseminated sclerosis; it has the great advantage of being quite safe in most cases.

It is not without reason that Dr. Weatherly warns against the indiscriminate use of hyoscine as a rapid and powerful *hypnotic*; however, there is no doubt in the author's mind that the drug in question finds its greatest—probably

its most useful—application in the treatment of maniacal violence and noisiness, and that, at least in ordinary hospital work, it is a drug for emergencies.

—*Merck's Bulletin*.

#### LYSOL.

Lysol, the new disinfectant and antiseptic, is recommended as promptly arresting the development of micro-organisms. Cramer, Wehmer, Michelsen, and others have successfully employed it in surgery and gynecology, and Hänel says it is an unusually agreeable agent for the operator. Unna has used it as a plaster mull in various skin affections, and Phillips has tried it with some success in lupus. It has also been advised in rhino-pharyngeal and laryngeal disease, as well as in diseases of the middle and external ear. It is obtained by dissolving the fraction of tar oil, which boils between 190° and 200° C., in fat, and subsequently saponifying with alcohol. It is a clear, brown, oily liquid, and contains 50 per cent. of cresols. It can be mixed readily with water, and forms clear solutions with glycerine, alcohol, chloroform, and various other fluids. Fürbringer recommends  $\frac{1}{2}$  to 1 per cent. solution for the hands, and  $\frac{1}{4}$  per cent. for instruments. It is only one-eighth as poisonous as carbolic acid, and cheaper. Pée recommends a 1 per cent. solution in midwifery and gynecology, and says that a 1 to 200 solution destroys streptococci in fifteen minutes. His experience with it has been very favorable.—*N. Y. Med. Record*.

#### CREASOTE.

Prof. Julius Sommerbrodt, in the *Berliner klinische Wochenschrift*, 1891, No. 43, p. 1048, presents an eloquent plea for the use of this remedy for the cure of tuberculosis. In 1887 he published the results of his observations during the preceding nine years, the maximum daily dose being under eight drops. He became convinced that with this dose complete cure could be obtained in the early stage of the disease. His present paper is intended to demonstrate that this dose can be largely

exceeded with safety, and that more severe cases and those of longer duration can not only be relieved, but, indeed, cured. He considers it, in a daily dosage of one-quarter to one drachm, to be the most valuable remedy against tuberculosis. In support of his position he cites twelve cases. Quoting Nathan, Sée (with compressed air in pneumatic cabinet), Tappert [Tapret?], Grasset, and Schüller (with surgical methods) as to the value of this remedy, he advises that it be prescribed in gelatin capsules containing one and a half drops in company with cod-liver oil. He objects to its administration with balsam of Tolu, or in the form of pill, on account of its variable absorption; nor does he prescribe guaiacol, since he does not believe that this represents the entire therapeutic value of creasote. When the cost of the pills must be considered, he recommends Hopmann's mixture (one part creasote, two parts tincture of gentian) diluted with water, or in Hungarian wine. He approves of all accessory means of cure—climatic, open air, pulmonary gymnastics, nourishing diet—but he insists that the treatment must be of long duration. He finds that it does not disagree with the stomach, although at the commencement of treatment it may be necessary for a time to interrupt its administration.—*Am. Jour. Med. Sciences.*

#### TO OBTAIN PURE OXYGEN RAPIDLY.

Zinno's method consists in mixing intimately 200 gm. of powdered potassium permanganate with an equal weight of barium binocide. On the addition of water, oxygen is disengaged. With the amount stated, at ordinary temperature, 13,620 cc. of pure oxygen are generated. The oxygen is rapidly produced, and is not contaminated by chlorine or chlorine products.—*Med. and Surg. Reporter.*

**BINDING.**—Preserve your files of the LANCET-CLINIC and make a convenient library of reference by sending your unbound volumes to this office. Any style of binding desired, at uniformly low prices.

## Miscellany.

### HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending February 5, 1892:

WARD.	Measles.		Scarlet Fever.		Whooping Cough.		Diphtheria.		Croup.		Typhoid Fever.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....			1									
2.....	7											
3.....	1		1									
4.....							1				1	
5.....												
6.....			1									
7.....												
8.....			1				2	1				
9.....	1		2		1		1					
10.....	1		1									
11.....			2									
12.....												
13.....			1	1			1	1				
14.....												
15.....			4		1		1					
16.....	1		1									
17.....			1		1		2				1	
18.....												
19.....	1		3									
20.....			2								1	
21.....			1									
22.....			5				2					
23.....	1		2		3		4					
24.....			1				3					
25.....							2					
26.....	1		5				2					
27.....			3									
28.....			1									
29.....			1				3	2				
30.....			1				1					2
Public Institutions.....												
Totals.....	14		41	1	6		27	4	1		4	
Last week.....	15		40	1	6		22	9	2		6	

### Mortality Report for the week ending February, 5 1892:

Croup.....	1
Cholera Infantum.....	1
Diphtheria.....	4
Influenza.....	13
Scarlet Fever.....	1
Typhoid Fever.....	4
Other Zymotic Diseases.....	1—25
Cancer.....	1
Phthisis Pulmonalis.....	15

Other Constitutional Diseases.....	7-23
Apoplexy.....	2
Bright's Disease.....	1
Bronchitis.....	6
Gastritis Gastro-Enteritis.....	3
Heart Disease.....	3
Liver Disease.....	4
Meningitis.....	7
Nephritis.....	3
Peritonitis.....	3
Pneumonia.....	19
Other Local Diseases.....	19-70
Deaths from Developmental Diseases.....	5
Deaths from Violence.....	2
Deaths from all causes.....	125
Annual rate per 1,000.....	21.66
Deaths under 1 year.....	24
Deaths between 1 and 5 years.....	22-46
Deaths during preceding week.....	154
Deaths for corresponding week of 1891.....	108
Deaths for corresponding week of 1890.....	117
Deaths for corresponding week of 1889.....	96

J. W. PRENDERGAST, M.D.,  
Health Officer.

#### THE DIGESTIBILITY OF CHEESE.

It is the general opinion of the laity that the eating of cheese after taking food is an assistance to digestion. This view seems not to be in accord with the result of experiments made by von Klenze, as recorded in the *Allgemeine medicinische Central-Zeitung*, No. 18, 1891. He made very thorough tests of the various forms of cheese found in the dietary lists. For the experiments he used an artificial digestive fluid, to which were added 50 c. c. of fresh gastric juice and 3 c. c. of hydrochloric acid. Into this he placed a gramme of the cheese to be examined. Eighteen varieties were tested, and the following deductions made: Chester and Roquefort cheese took four hours to digest; genuine Emmenthaler, Gorgonzoler, and Neufchatel, eight hours; Romadour, nine hours; and Kottenberger, Brie, Swiss, and the remaining varieties, ten hours. Considering that in a healthy stomach digestion after an ordinary meal is complete in from four to five hours, it would seem from von Klenze's studies that Chester and Roquefort cheese were the only kinds that were likely to be digested within this length of time, and that the other varieties, some of which are largely in use, not only did not assist digestion, but actually retarded it.—*N. Y. Med. Journal*.

#### OHIO HEALTH BULLETIN.

Infectious Diseases reported to the Ohio State Board of Health in 51 cities and towns during the week ending February 5, 1892.

<i>Diphtheria:</i>	Cases.	Deaths.	<i>Typhoid Fever:</i>	Cases.	Deaths.
Bucyrus.....	1	..	Bucyrus.....	1	..
Cincinnati.....	27	4	Cincinnati.....	4	..
Cleveland.....	24	1	Cleveland.....	2	..
Columbus.....	4	2	Columbus.....	2	..
Conneaut.....	3	..	Fostoria.....	4	..
Coshocton.....	1	..	Lorain.....	2	..
Elyria.....	1	..	New Lisbon.....	1	..
Findlay.....	2	..	Ripley.....	1	..
Fostoria.....	1	..	<i>Scarlet Fever:</i>		
Leetonia.....	1	..	Akron.....	2	1
Lima.....	2	1	Bucyrus.....	1	..
Mansfield.....	3	..	Cincinnati.....	41	1
N. Lewisburg.....	1	..	Cleveland.....	20	..
Portsmouth.....	2	..	Columbus.....	9	1
Ravenna.....	1	1	Conneaut.....	1	..
Ripley.....	1	1	Coshocton.....	6	1
Salem.....	2	..	DeGraff.....	1	..
Springfield.....	1	..	Delta.....	1	..
Toledo.....	3	1	Elyria.....	1	..
Utica.....	2	..	Greenville.....	2	..
West Milton.....	4	1	Irononton.....	2	..
<i>Measles:</i>			Lima.....	2	..
Cincinnati.....	14	..	Lockland.....	1	..
Cleveland.....	4	..	Mansfield.....	2	..
Clifton.....	1	..	Oberlin.....	1	..
Findlay.....	1	..	Portsmouth.....	3	..
Forest.....	2	..	Sandusky.....	1	..
Garrettsville.....	3	..	Springfield.....	1	..
Springfield.....	4	..	Toledo.....	2	..
Youngstown.....	65	..	West Milton.....	1	1
<i>Whooping-Cough:</i>			Xenia.....	1	..
Akron.....	2	..	Youngstown.....	12	..
Cambridge.....	3	1			
Cincinnati.....	6	..			
Cleveland.....	2	..			
Leetonia.....	4	..			
Ripley.....	2	..			
Youngstown.....	11	..			

No infectious diseases reported to health officers in 14 towns.

C. O. PROBST, M.D., Secretary.

#### CUPID'S BATTLE WITH ADIPOSE.

Pharmacists are not infrequently importuned by customers to give advice in cases of superabundance of adipose tissue, and hence the following romantic episode may prove interesting to some of our readers. The story is told by Dr. Dio Lewis:

A very fat young woman came to my office and asked to see me privately. When we were alone, she said: "I have

called to consult you about the strangest thing in the world. I will tell you all. I am twenty-three years old. When I was nineteen I weighed one hundred and twenty-two pounds; now I weigh two hundred and nine; I am filling up with fat. I can hardly breathe. The best young man that ever lived loves me, and has been on the point of asking me to marry him; but, of course, he sees I am growing worse all the time, and he don't dare to venture. I can't blame him. He is the noblest man in the world, and could marry any one he chooses. I don't blame him for not wishing to unite himself to such a great tub as I am. Why, Doctor, you don't know how fat I am. I am a sight to behold. And now I have come to see if anything can be done. I know you have studied up all sorts of curious subjects, and I thought you might be able to tell me how to get rid of this dreadful curse."

She had been talking faster and faster, and with more and more feeling (after the manner of fat women, who are always emotional), until she broke down in hysterical sobs. I inquired about her habits—table and otherwise.

She replied: "Oh, I starve myself; I don't eat enough to keep a bird alive, and yet I grow fatter and fatter all the time. I wouldn't mind for myself, but it's just breaking his heart; if it wasn't for him, I could be reconciled."

Then I asked her if she would be willing to follow a prescription I might give her.

"Willing? willing?" she cried, "I would be willing to go through fire, or to have my flesh cut off with red-hot knives. There is nothing I would not be willing to endure, if I could get rid of this horrible condition."

I prepared a prescription for her, and arranged that she should call upon me once a week, that I might supervise her progress, and have frequent opportunities to encourage her. The first prescription which I prepared for her was this. First: For breakfast, eat a piece of beef or mutton as large as your hand, with a slice of white bread twice as large. For dinner, the same amount of meat, or, if preferred, fish or poultry,

with the same amount of farinaceous or vegetable food in the form of bread or potato. For supper, nothing. Second: Drink only when greatly annoyed with thirst; then, a mouthful of strong lemonade without sugar. Third: Take three times a week some form of bath in which there shall be immense perspiration. The Turkish bath is best. You must work, either in walking or some other way, several hours a day.

"But, Doctor, I can't walk; my feet are sore."

I thought that might be the case; but if the soles of your shoes are four inches broad, and are thick and strong, walking will not hurt your feet. You must walk or work until you perspire freely, every day of the week. Of course you are in delicate health, with little endurance; but, as you have told me that you are willing to do anything, you are to work hard at something six or seven hours every day.

Fourth: You must rise very early in the morning and retire late at night. Much sleep fattens people. Fifth: The terrible corset you have on, which compresses the center of the body, making you look a great deal fatter than you really are, must be taken off, and you must have a corset which any dress-maker can fit to you—a corset for the lower part of the abdomen, which will raise the great mass and support it.

This is all the advice I have to give you at present. At first you will lose half a pound a day. In the first three months you will lose from twenty to thirty pounds. In six months, forty pounds. You will constantly improve in health, get over this excessive emotion, and be much stronger.

I happened to be out of the city and did not see her until her second visit, two weeks from our first meeting. It was plain when she entered that already her system was being toned up; and when we were again in my private office, she said:

"I have lost six and a half pounds; not quite as much as you told me, but I am delighted, though nearly starved. I have done exactly as you prescribed, and shall continue to if it kills me. You must be careful not to make any

mistakes, for I shall do just as you say. At first the thirst was dreadful; I thought I could not bear it. But now I have very little trouble with that."

About four months after our first meeting, this young woman brought a handsome young man with her, and, after a pleasant chat, she said to me: "We are engaged; but I have told my friend that I shall not consent to become his wife until I have a decent shape. When I came to you I weighed two hundred and nine pounds; I now weigh one hundred and sixty-three pounds. I am ten times as strong, active, and healthy as I was then, and I have made up my mind, for my friend has left it altogether to me, that when I have lost ten or fifteen pounds more, we shall then send you the invitation."

As the wedding-day approached, she brought the figures one hundred and fifty-two on a card, and exclaimed, with her blue eyes running over: "I am the happiest girl in the world! and don't you think I have honestly earned it?"—*Western Druggist*.

#### TO DISTINGUISH MARGARIN FROM BUTTER WHEN THE TWO ARE MINGLED.

"Alimentary fats," says M. Lezé, in the *Répertoire de Pharmacie*, "usually contain from 10 to 12 per cent of water, and, therefore, in searching for a substance to free it from this element, it is necessary to utilize something that has a great avidity for the same, without any affinity for the fat."

Syrup of sugar is his choice as an agent in this respect. A solution of sufficient density renders easy the separation of the two substances. He pours into a test tube of 10 cc. capacity 1 or 2 cc. of simple syrup, places the tube in a water bath, and adds, little by little, the butter to be assayed, until the 10 cc. mark is reached. The tube is then corked and shaken, and then a strong thread is passed around the mouth and the tube is rapidly whirled around the head for several seconds. When the whirling stops, if the butter is pure the fatty matter is clear and limpid, and the whitish emulsion of

residual milk, water, and syrup is voluminous and well marked. If margarin be present, the fatty matter remains turbid and milky. This process permits of the detection of 20, or even 15, per cent. of adulteration.

The aspect of the melted fats is characteristic, and, more than this, margarin exhibits normally the phenomenon known as super-fusion, and communicates this property to fats with which it is mingled. Thus we see a pure butter in cooling becomes first turbid, and finally becoming pasty, while butter, even with only a small amount of margarin, always preserves a semi-transparent condition.—*Medical and Surgical Reporter*.

#### LIGHT AS AN ANÆSTHETIC.

A Russian physician says that the electric light relieves pain in many cases almost instantaneously. For the cure of neuralgia he throws a beam from a bright arc light on to the painful area by means of a powerful reflector, or uses direct illumination by means of a condenser. In this way, it is claimed, the most intense pain, provided it be superficially located, may often be relieved at once without the use of anodynes.—*Med. Record*.

#### CREMATION IN FRANCE.

During the year 1890 there were over 150 persons cremated in Paris as against about 50 the year before. The cost of the operation in France is very small, the total expenses only amounting altogether to 31 francs 60 centimes. Since October 1, 1891, in addition to the ordinary cremations, more than 1,614 bodies have been sent from the hospitals to be cremated.—*Medical Record*.

**A TOO ZEALOUS MALTHUSIAN.**—An Oxford M. A. and legal practitioner has been arrested and fined in London for circulating pamphlets with directions for preventing conception. It was his habit to study the announcements of births in the newspapers, and send one of his circulars to the happy father.—*Med. Record*.

# THE CINCINNATI Lancet-Clinic

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LXVII.

## CONTENTS.

### ORIGINAL ARTICLES.

- THRUSH OF THE PHARYNX AND NOSE IN AN ADULT  
Occurring during an Attack of the "Grippe." By  
Max Thorner, M.D., Cincinnati. 229
- REPORT OF THE SKIN CLINIC OF THE MIAMI MEDICAL  
College of Cincinnati, Ohio, for Three Years, Ending  
August 1, 1891. By Wm. L. Mussey, M.D., Cincinnati. 232

### SOCIETY REPORTS.

- CINCINNATI MEDICAL SOCIETY.  
Meeting of January 5, 1892.  
Silk Ligature Passed by the Urethra One Year After  
an Ovariectomy in which there was a Double  
Pedicle. By E. S. Ricketts, M.D. 234
- Discussion on the Report of the Skin Clinic of the  
Miami Medical College. 234
- Meeting of January 26, 1892.  
Vaginal Hysterectomy for Cancer. By Rufus B. Hall,  
M.D. 234
- Discussion on La Grippe and its Relation to the Present  
Epidemic. 236

### ACADEMY OF MEDICINE.

- Meeting of January 11, 1892.  
Pathological Specimens. By Leonard Freeman, M.D. 237

### EDITORIAL.

- THE MEASURE OF RESPONSIBILITY IN CRIMINAL CASES.  
Cases. 245
- THE LUNACY COMMISSION BILL. 246
- NEW WATER-WORKS. 247
- EDITORIAL NOTES. 248

### TRANSLATIONS.

- FRENCH MEDICAL CLIPPINGS. By T. C. M.  
Morphine in Cardiac Affections.—Spider's Web as a  
Cause of Tetanus.—The Thirty Grains of Beauty  
in a Perfect Woman.—Antipyrine in Abortion. 240
- Variations in the Nutritive Value of Potatoes.—Diet  
in Diabetes According to Dujardin-Beaumez.—  
Tertiary Syphilis of Larynx and Trachea.—Medi-  
cal Chests on Railroads.—Case of Hysterical  
Aphonia. 241
- THERAPEUTIC NOTES. By F. H. Pritchard, M.D., Nor-  
walk, O.  
Purgative Injection.—Influenza. 233
- A New Local Anesthetic.—Pruritus. 239
- Thumenol in Skin Diseases.—Chlorosis Treated with  
Copper. 242
- The Abortive Treatment of Typhilitis and Perityph-  
litis.—The Urine After Sulfonal.—Antimonium  
Tartaricum in Skin Diseases.—Decoction of  
Whortle Berry in Chronic Urethritis, Diarrhoea,  
etc. 243
- Antipyrin in Erythema Nodosum.—Acetate of Lead  
in Pneumonia.—Compound Purgative Pills.—  
Morphine in Acute Poisoning by Cocaine.—Tuber-  
culosis of the Testicle Treated by Interstitial In-  
jections of Camphorated Naphthol.—Otalgia. 244

### SELECTIONS.

- Successful Resection of Gangrenous Bowel for Incar-  
cerated Inguinal Hernia.— 232
- On Some Painful Affections Following Influenza. 253
- The Physiology of Gastric Digestion. 256

Contents continued on Advg. p. 4.

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## CINCINNATI LANCET-CLINIC:

A WEEKLY JOURNAL OF  
**MEDICINE AND SURGERY.**

*New Series Vol. XXVIII. CINCINNATI, February 20, 1892. Whole Volume LXVII.*

### Original Articles.

#### THRUSH OF THE PHARYNX AND NOSE IN AN ADULT OCCURRING DURING AN ATTACK OF THE "GRIPPE."

A Paper read before the Cincinnati Medical  
 Society, January 25, 1892,

BY

MAX THORNER, M.D.,  
 CINCINNATI.

The case I am to report, appeared to me to have some unusual interest on account of its rarity.

On January 18, 1890, I was called late in the evening in great haste to attend a patient of Dr. Wm. Carson for nose-bleeding. The patient, a young man of seventeen years of age, had been suffering since some time with a severe attack of influenza. That day he had had some bleeding from the nose, which had become quite severe towards evening, and uncontrollable in the hands of the patient's parents. There was on the left side of the septum a superficial erosion, from which the blood was oozing, and which could readily be closed by the application of chromic acid. A few days thereafter there was a very slight recurrence of the epistaxis, on which occasion, however, the patient lost but a minimal amount of blood. On January 27, I was asked by Dr. Wm. Carson, who was ill, to see the patient on account of some throat complication. The young man, who, at my previous visits, had impressed me as being extremely weak, was even more so on this occasion. He complained of a soreness in his mouth and throat, which was associated with an extreme dryness. The condition of

the throat was as follows: the palate, the pharynx, and the tonsils were deeply red, glistening, and somewhat dry; both tonsils were covered with a number of whitish spots, of different size, and resembling in appearance greatly the condition of follicular tonsillitis. A simple antiseptic gargle was prescribed. The following day there was a change noticeable. Instead of a number of disseminated white patches, there was now a membranous-like covering on both tonsils. Similar white patches appeared on the soft palate and the uvula, resembling very closely the picture as seen in diphtheria. However, the temperature and the general condition of the patient militated against this diagnosis. On the following morning I noticed an extension of the affection upon the pharyngeal wall, and I came to the conclusion that I had to deal with a mycosis. It was not difficult to remove from the pharynx a piece of these white masses, under which the mucous membrane appeared exceedingly red and of a velvet-like roughness. The piece removed was examined microscopically by me and Dr. L. J. Krouse, and proved to consist of numerous epithelial cells mixed up with fungus masses. These latter proved, after being teased thoroughly, and being examined in water (preferably to glycerine), to be the so-called *oidium albicans*. It was, indeed, a typical specimen of these vegetable parasites. The hyphæ, consisting of long, cylindrical cells, jointed together, with their branches and spores, could readily be distinguished.

In the following days something entirely unexpected happened. The white, fur-like flakes extended gradually upwards to the naso-pharynx,

covering finally the vault of the pharynx and orifices of the Eustachian tubes, and causing great distress to the patient. Not only was he very much annoyed by the painful sensations in his head; but he suffered also greatly from ear-ache, deafness, and tinnitus aurium. One could follow the migration of the disease with the rhinoscopic mirror and see, how it crept gradually from the vault of the pharynx into the choanæ, continuing to spread in both nasal fossæ; and at a time when the patches on tonsils, palate, and lower pharynx had become completely effaced, they made their first appearance in the right nostril, the left nostril being one day behind with its share. On this occasion Dr. Krouse saw the patient, and a piece of the fungus being removed from the nostrils as readily as from the pharynx, showed microscopically to be identical with the first specimen. During this march of the affection through the nasal fossæ, the patient had greatly suffered from nasal obstruction.

The local treatment consisted chiefly in washing out the pharyngeal and nasal cavities with a solution of sodium bicarbonate, by the aid of a post-nasal syringe. The duration of this affection, from the day that it was first noticed on the tonsils, until its complete disappearance from the nostrils, was twelve days. The patient was all this time exceedingly weak. In fact, Dr. Carson considered him the one of his patients who showed the most profound prostration following the grippe he had seen at that time. His convalescence was very slow, and it took many weeks and a trip to Old Point Comfort and Florida before he regained his former health.

We have here a case of thrush in an adult, whose vitality had been greatly lowered by an unusually severe case of influenza. The diagnosis, if there could be any doubt, was rendered certain by the finding of the pathogenetic fungus, no matter if it is considered *oïdium albicans* or *oïdium lactis*, or as by Gravit, *mycoderma vini*, or as by Rees, *saccharomyces albicans*, or as by Plaut, *monilia candida*. The

anatomical character does not differ in either case. Thrush is a disease most commonly found during the infantile age, in children who are poorly nourished, or where cleanliness is neglected, and where probably an affection of the mucosa preceded the invasion of the parasite. In fact, "the only etiological factor which is admitted on all hands," says Forchheimer<sup>(1)</sup>, "is the existence of a stomatitis catarrhalis, either before or with the appearance of thrush." According to the same author instances are seen in which apparently perfectly healthy infants have been affected with thrush. In the advanced age, and more so in adults, it appears to be a very uncommon affection, and is considered by most authors as solely occurring in the last stages of chronic exhaustive diseases, although there are a few exceptions. Thus Eichhorst<sup>(2)</sup> describes a case in a girl of twenty years, who suffered for one year and a half with thrush of the tongue. She had always been weak and pale, but otherwise nothing abnormal could be discovered. Lœri<sup>(3)</sup> describes a case in a woman, fifty years of age, where thrush extended in large masses over the mucous membrane of mouth, pharynx, œsophagus, epiglottis, and aryepiglottic folds, etc. The woman was otherwise healthy, but died after six months from exhaustion. The same author saw also a case of fibrinous pneumonia, where, when after seven days the crisis set in, a rapidly-growing thrush began to appear, which extended over mouth, pharynx and larynx. The patient recovered. Also Forchheimer<sup>(4)</sup> mentions the fact that we may find thrush in adults "in all forms of wasting diseases or in acute disease accompanied with great debility."<sup>(5)</sup> Schech<sup>(6)</sup> says that thrush may be

1 "The Diseases of the Mouth in Children," Phila., 1892, p. 54, *et seq.*

2 "Handbook of Practical Medicine," Vol. II, p. 10. N. Y. 1886.

3 Die durch anderweitige Erkrank. bedingt. Veränd. d. Rachens, etc., p. 67, Stuttgart, 1885.

4 *Loc. cit.*

5 Italics are mine.

6 Die Krankh. der Mundhöhle, des Rachens und d. Nase, p. 187, 2. Aufl. Münch, 1888.

found also in healthy persons, but generally only after exhausting diseases. But most authorities agree that thrush appears in adults not but as the result of debilitating diseases of long duration, as phthisis, cancer, diabetes, leukæmia, typhoid fever, chronic enterocolitis, etc. Some consider even the appearance of the fungus masses in the course of the disease as a very serious symptom, rendering the prognosis, to say the least, extremely doubtful. So says Helmkamp<sup>(1)</sup> "that it (thrush) precedes death in adults after protracted exhausting diseases only a short time." And Henry T. Butlin<sup>(2)</sup> writes: "It occurs almost only in adults, who are subjects of slowly progressive and fatal diseases." Jules Simon<sup>(3)</sup> is also of the opinion that thrush in adults, towards the end of exhausting diseases, is a symptom of the approaching end. Of other authorities, who express themselves similarly, I will mention but a few, as J. Solis-Cohen<sup>(4)</sup>, Soltman<sup>(5)</sup>, Leube<sup>(6)</sup>, and others.

The point of greater interest, however, seems to be centered in the locality, in which the fungus developed. Admitting that it may have commenced somewhere on the tongue, the most common seat of the affection, it took a most exceptional course, when it had reached the tonsils and the pharyngeal wall, and proceeded from there into the post-nasal space and into the nares, until it had reached the nostrils, and was forced to stop in its onward march by finding an uncongenial soil for further development. A great many authors, indeed, consider the pavement epithelium as one of the main conditions for the growth of the fungus, and that for this reason the nose remains

almost always free from the invasion of this vegetable parasite. Thus says Henoch<sup>(7)</sup>: "It is remarkable that thrush, as much as it may be developed in the pharynx, never extends into the posterior parts of the nasal cavity." Eichhorst<sup>(8)</sup> quotes Reubold that mucous membranes which are provided with cylindrical or ciliated epithelium offer a vigorous resistance to the proliferation of sprue. "Only in exceptional cases it is found in the stomach, nose, etc." Also Butlin<sup>(5)</sup> and Vogel<sup>(6)</sup> speak of its occurrence as limited to those parts of the mucous membrane which are lined with squamous epithelium. Furthermore, J. Solis-Cohen<sup>(4)</sup>, Jules Simon<sup>(3)</sup>, A. Strümpell<sup>(9)</sup>, and others say that it has never been observed in the posterior nares or in the nose. However, we find that Schech<sup>(10)</sup> and Moldenhauer<sup>(11)</sup> speak of the possibility of the thrush fungus wandering from mouth and pharynx into the nose in children as well as in adults in marantic conditions, though the ciliated epithelium be not a favorable soil for the development of the fungus. Soltmann<sup>(5)</sup> mentions that in children with congenital cleft palate thrush may be found covering the mucosa of the turbinated bodies, proving that it is not dependent for its growth upon pavement epithelium, and Valentin<sup>(12)</sup> has reported a case of a girl, aged nine years, in whom thrush extended over the mucous membrane of the hard palate, naso-pharynx, and Eustachian region, and where the fungus was also found in the middle ear, but where

13 Vorlesung. über Kinderk., II Aufl., Berlin, 1883, p. 81.

14 Loc. cit.

15 Loc. cit.

16 Ziemssen's Specielle Pathol. und Therap., II Aufl., Leipzig, 1873, Vol. VII, p. 64.

17 Loc. cit.

18 Loc. cit.

19 Lehrb. d. Spec. Pathol. u. Therap., III. Aufl., Leipz., 1886, Vol. I, p. 515.

20 Loc. cit.

21 Die Krankh. d. Nasenhöhlen, Leipz., 1886, p. 126.

22 Loc. cit.

23 Quoted from Sajous' *Annual of the Univers. Med. Sci.*, 1889, Vol. IV, c. 16.

7 Erkrank. d. Mund. u. d. Rachens, p. 134. Stuttgart, 1886.

8 "Diseases of the Tongue," London, 1885, p. 383.

9 Nouveau dict. de Méd. et de Chirurg. prat., Paris, 1877, Tome 23, p. 173.

10 "Pepper's System of Medicine," Vol. II, p. 332.

11 Realencycl. d. ges. Heilk., 2. Aufl. 1857. Bd. XVIII, p. 376.

12 Specielle Diagn. d. inn. Krankh., 2. Aufl. p. 216.

the nose remained free. And Forchheimer(\*) is even of the opinion that "flat epithelium plays a very secondary rôle in the production of thrush."

The case reported is sufficient proof that thrush may, at least in exceptional cases, develop in the nasal cavity, showing that ciliated epithelium is not an unsurmountable obstacle to its growth, and that this may occur in an adult in the course of an acute disease of short duration, which had, however, caused a profound debility. If a similar complication has been observed in other cases of influenza I was not able to learn from the literature at my disposal.

24 *Loc. cit.*

#### SUCCESSFUL RESECTION OF GANGRENOUS BOWEL FOR INCARCERATED INGUINAL HERNIA.

Stern (*Berliner klin. Wochenschr.*, No. 41, p. 1011) has recorded the case of a woman, sixty years old, who came under observation after having presented, for a week, symptoms of intestinal obstruction, dependent upon an incarcerated inguinal hernia. An incision over the most prominent portion of the swelling in the right inguinal region confirmed the diagnosis and revealed the existence of peri-hernial sup-puration. The incarcerated bowel was found gangrenous and perforated. Most careful antiseptic precautions being observed, the incarceration was relieved. The healthy intestine, on either side of the gangrenous area, was firmly grasped by an assistant, and a section of bowel, about two inches long, was removed. The free margins of the remaining intestine were approximated by means of Lembert sutures, the first suture being applied at the point furthest from the mesentery, the distance being progressively halved with each succeeding suture. After satisfactory approximation, the wound was closed and dressed. The subsequent course of the case was surprisingly uncomplicated. Twenty-five days after the operation the patient was able to resume her household duties.—*Medical News.*

#### REPORT OF THE SKIN CLINIC OF THE MIAMI MEDICAL COLLEGE OF CINCINNATI, OHIO, FOR THREE YEARS, ENDING AUGUST 1, 1891.

A Paper read before the Cincinnati Medical Society, January 26, 1892,

BY

WM. L. MUSSEY, M.D.,  
Clinician.

During the time specified there has been treated in my clinic, in all 212 cases. An apparent discrepancy will be observed in summing up the tables, which give a total of 225. This is explained by the fact that in several instances more than one disease was present in the same person. As might be expected, eczema furnishes by far the larger number of cases, 118, over one-half, coming under this head; parasitic diseases take the next place with twenty-seven cases; then comes syphilis with sixteen, and acne, of all sorts, with fourteen cases; psoriasis, strange to say, occurs but three times. The other forty-seven cases are of different varieties, which will be referred to more particularly in the tables. The list fairly well represents the diseases that one is likely to meet with in this country. In Europe, however, one is struck by the great number of parasitic diseases that present themselves for treatment at the clinics, due, probably, to the overcrowding that exists there. The patients have been fairly regular in attendance, so that the results of treatment could be pretty well observed.

The most satisfactory results have been obtained in the cases of eczema in children, and in the few cases of the later manifestations of syphilis, that have presented themselves for treatment. I wish particularly to call attention to the method of treatment that has been employed in nearly all of the cases of the former affection, and the uniformly satisfactory results that have attended its use. The results have been particularly pleasing in those troublesome cases of eczema capitis, which are so frequently met with. Where crusts are present, which is almost invariably

the case, they must first be removed before any medication is attempted. This is most readily and easily accomplished by the use of olive oil, which should be poured over the encrusted area, until it is thoroughly softened, when it can usually be easily removed with a soft flannel rag or piece of cotton. It is not necessary to cut off the hair, which is a useless disfigurement from which nothing can be gained. After the crusts are thoroughly removed the following ointment is well rubbed in once or twice daily:

℞ Acidi boracici, . . . . .	℥ ss.
Balsam Peruvian., . . . . .	℥ ii.
Vaselin or lanolin, . . . . .	℥ i.

The balsam of Peru is used simply for its pleasant odor, and may be omitted, or any other similar preparation substituted. Washing the head or affected area should be avoided as much as possible, but, when necessary, distilled or boiled water, with some non-irritating soaps, should be used. After the application of the ointment, on parts other than the head, the affected area should be dusted over with some simple powder, such as starch or the compound talcum powder, commonly called "baby-powder." This preparation has also proved very useful in my hands for the acute forms of eczema in the adult where the tar preparations are contra-indicated, for it relieves the itching and exerts a beneficial effect on the inflamed area.

The treatment of the later skin manifestations of syphilis has been mainly a local one, and has been followed with the most satisfactory results. The parasitic diseases have been treated mainly with sulphur ointments, of the strength of one drachm to the ounce. In the chronic forms of eczema, reliance has been placed chiefly on the tar-sulphur combination, as represented in Wilkinson's ointment, although I have used ichthyol with fairly satisfactory results in some cases.

TABLE OF CASES.

Acne vulgaris.....	7
" vulgaris et rosacea.....	2
" vulgaris et comedo ....	5
Alopecia areata.....	2
Chancroid.....	3

Clavus .....	1
Comedo.....	4
Eczema acutum.....	9
" capitis. . . . .	23
" madidans.....	18
" pustulosum .....	10
" vesiculosum .....	2
" chronicum .....	9
" " rubrum .....	4
" " squamosum....	43
Epithelioma .....	2
Erysipelas .....	1
Erythema .....	1
Furunculosis.....	8
Herpes axillaris.....	1
" costalis .....	2
" frontalis .....	1
" tonsurans .....	2
Hyperidrosis (bromidrosis) . . . . .	1
Impetigo contagiosa.....	1
Nævus .....	2
Pediculi capitis .....	5
" corporis vestimentorum ..	2
Pityriasis versicolor.....	1
Psoriasis .....	3
Pruritus universalis .....	2
Scabies .....	17
Seborrhœa sicca .....	1
Sycosis barbæ .....	3
Syphilis gumma .....	1
" ulcer .....	3
" condylomata .....	1
" macular.....	2
" œdema induratum .....	1
" rupia .....	1
" tubercular.....	7
Ulcus cruris.....	3
Urticaria acuta .....	2
" chronica .....	1
Warts. ....	1
Unclassified .....	4

[FOR DISCUSSION SEE P. 234.]

## PURGATIVE INJECTION.

Dr. Porter (*Le Progrès médical*, No. 50, 1891) recommends the following:

℞ Extr. bil. bovis., gms. 25 (℥vj).	
Glycerin., . . . . . gms. 100 (fl. ℥liiss).	
Ol. ricin., . . . . . gms. 50 (fl. ℥jss).	
Aquæ, . . . . . gms. 25 (fl. ℥vj).	

Mix with one pint of warm soap and water.

## INFLUENZA.

Prof. Bacelli, of Rome (*Le Bulletin médical*, No. 4, 1892) praises the following formula in the gripe:

℞ Phenacetine, . . . . .	aa	cgms. 10
Salicylate of quinine, }	(grs. jss).	
Camphor, . . . . .	aa	mgms. 5
Kermes mineral, }	(gr. i-15th).	

Sufficient for one powder. Three or four such powders a day.

—[Pritchard.

## Society Reports.

### THE CINCINNATI MEDICAL SOCIETY.

#### OFFICIAL REPORT.

*Meeting of January 5, 1892.*

The President, F. W. LANGDON, M.D.,  
in the Chair.

L. S. COLTER, M.D., Secretary.

DR. E. S. RICKETTS reported a case of

*Silk Ligature Passed by the Urethra  
One Year After an Ovariectomy  
in Which There Was a  
Double Pedicle.*

In November, 1890, I did an ovariectomy, finding a double pedicle. I presented the specimens to this Society a few days later. The age of the patient was thirty-nine years. A ligature was applied to each pedicle. The recovery of the patient was satisfactory. Within three months she began to complain of a "bearing down," with the sensation of continued fullness of the bladder. The urine was alkaline. There was no pus found in the urine. Hot vaginal injections were used, and tampons of absorbent cotton, borated, adjusted with partial relief. I *failed to explore* the bladder, not thinking that a ligature was the cause of the trouble.

During the first week of December, 1891, this ligature, covered with the salts of the urine, was expelled by the aid of the patient's fingers, through the urethra. Since that time she has been free from pain.

#### DISCUSSION.

DR. F. W. LANGDON:

Had seen this case with Dr. Ricketts both at the time of the operation and at the time the ligature was passed. The patient's occupation was sedentary, and at first he was inclined to attribute the vesical trouble to the acid condition of the urine. At the time of the passage of this ligature the pain had been absent for about a week, due to the fact that the patient was on her back from an attack of *la grippe*,

and thus the foreign body was doubtless kept away from the urethra. The bladder always felt full, which is suggestive of a foreign body in the viscus. The ligature, as you see, is encrusted with the urine salts.

DR. WM. L. MUSSEY read a

*Report of the Skin Disease Clinic of the Miami Medical College, Cincinnati, for the Three Years Ending August 1, 1891 (see p. 232).*

#### DISCUSSION.

DR. J. C. OLIVER:

In reference to the advantage gained by the local application of mercury in the tertiary forms of syphilis, the results of his own experience fully confirms all that Dr. Mussey claimed for it in his paper which he read before this Society two years ago.

DR. F. W. LANGDON:

Asked if there was not considerable general effect even from the local application of mercury?

DR. MUSSEY:

Thought that that depended upon how it is used. The emplastrum locally applied, he thought, would hardly have much general effect. The inunction method he believed to be one of the best. He was very much gratified to hear Dr. Oliver's remarks for he had noticed two years ago, when he read a paper on the local application of mercury to the tertiary lesions of syphilis, that the members of the Society did not take kindly to his method of treatment. At that time he had but recently returned from Vienna, where he had seen so very many cases successfully treated by this method that he thought that it was not surprising that he was a convert to it.

*Meeting of January 26, 1892.*

The President, F. W. LANGDON, M.D.,  
in the Chair.

L. S. COLTER, M.D., Secretary.

DR. RUFUS B. HALL reported a case of  
*Vaginal Hysterectomy for Cancer, with  
Exhibition of the Specimen.*

Mrs. H., Troy, O., aged forty-seven  
mother of one child twenty-four years

of age. Has been in rather poor health for the past five years, but never suffered from any serious uterine trouble until June, 1891, when she first observed a foul-smelling discharge from the vagina, which increased in quantity. Soon after that time she commenced to have sudden and irregular discharges of blood from the vagina. She grew gradually worse until the last part of August, when her family physicians, Dr. Seniour and Dr. Wright, of Troy, removed a mass the size of an orange from the uterus, which had a broad base of attachment and protruded somewhat into the vagina. The bleeding was checked for about five weeks, when it again made its appearance, and soon after the discharge again commenced. The patient has suffered almost constant pain since early in June.

When she first came under my observation, December 16, there was a mass the size of the closed hand in the upper part of the vagina, and which appeared to be only a part of a still larger mass yet inside of the uterus itself. The portion of the growth in the vagina was gangrenous and perfectly black. The patient was suffering from loss of blood and sepsis. She was hardly able to walk, yet with great exertion she could do so. I sent her to my Home, and on the 19th of December, under ether, I cleaned the entire mass away. Only the lower third of the mass was gangrenous. The rest of it had much the appearance of brain tissue, and almost as easily broken up. The uterus was so enlarged that the cavity measured five inches in length, yet it seemed possible to make vaginal extirpation if the patient's condition could be improved. After the removal of the mass the uterus contracted very materially. The loss of blood was for a time stopped, and the foul odor gotten rid of. The patient soon commenced to eat heartily, and everything progressed satisfactory for about a week, when the bleeding again commenced. This was considered the opportune time for the radical operation, which was made soon after—December 31, 1891—and the specimen here presented removed.

The disease appears to be confined to the body of the uterus, and a case which promises good results. The patient has had an uninterrupted convalescence, so far as the operation is concerned, but has suffered terribly from supra-orbital neuralgia for the past two weeks except the last few days. Now she has but little or no pain, and is able to move about the room. She will return in a few days to her home.

The case is interesting on account of the rapid growth of the mass first removed, as well as its rapid reappearance after its thorough removal. The operation was a most difficult one, on account of the size of the uterus, it being almost if not quite double the size of the normal uterus.

#### DISCUSSION.

DR. E. S. RICKETTS:

The operation was the only thing to be done in this case. The improvement of the patient clearly proves it to have been the proper thing.

DR. A. W. JOHNSTONE:

The clinical diagnosis of this case is perfectly plain. The rapid growth is striking. It reminds me of a case, which, when I first saw it, there was a little lump on the side of the uterus about the size of a hen's egg. I thought it a fibroid. Within a month it filled the entire abdomen. The microscope proved it to be cancerous. Sarcoma of the uterus is unusual. Sarcoma develops in young life. Cancer comes on in later days. Cancer, I believe, is due to lack of enervation. The cachexia of cancer I believe to be due to the sepsis and loss of blood. When we come to the removal there are two camps. The one for high excision, the other for total extirpation. In this case I think that Dr. Hall was right. There are little nodules on the fundus, and nothing but total extirpation would have removed them. The return in many cases is so rapid that I have not made up my mind as to whether I like it or not. All we can do is to work honestly and faithfully ahead and report our results.

DR. HALL:

I want to emphasize one remark made by Dr. Johnstone, and that is

the general belief of the cause of the cachexia in cancer. I believe that the loss of blood and the sepsis are the cause of it. I call to mind two cases, at present in the Hospital for Women on Sixth Street, of ectopic pregnancy with rupture. Both women had extreme cachexia. After the operation the cachexia began to disappear. In fact, I have never seen cases in which the cachexia was more marked than in these, and it has entirely disappeared.

*Discussion on La Grippe and its Relation to the Present Epidemic.*

DR. WM. CARSON:

We have now had three seasons of *la grippe*, and as a consequence we know more about it. It is a law of any epidemic that during the second and third seasons it does not attack so many individuals as does the first.

The cases I have seen this season began about the first week of December. The symptoms have been about as follows: A number of days of chilliness, catarrhal symptoms, usually headache, sometimes very severe, tenderness along the whole of the spine, aching and lumbar pains, oppression in chest, slight cough, gradually increasing, weight and pressure after taking food, sometimes excessive nausea; in one case persistent rejection of food, so that rectal alimentation had to be resorted to. I have seen some with fever over 103°. In regard to age, I have seen cases from seventy-eight years down to six years. Pneumonia, both lobar and lobular, has been a common complication. The treatment which I have resorted to has usually been the employment of phenacetin combined with caffeine.

DR. C. G. COMEGYS:

The chief point of interest in regard to *la grippe* is the pneumonia. There has been an enormous mortality in this city from *la grippe* due chiefly to pneumonia as a complication. The disease is essentially a catarrhal affection of the entire mucosa of the system. It begins, perhaps, by the contact or impact of the organism, or perhaps by first attacking the nerve centers.

There are a great many mild cases. The symptoms are not always the same. Extreme neuralgias are often present, but the chief source of danger lies in the attack upon the lungs. I believe that this pneumonia that has been prevailing in our city is of the catarrhal form. The question is, what shall we do with these cases? Anything that produces diaphoresis is indicated. Begun at once at the very onset of the disease I believe the disease can be arrested. Free action of the skin often results in the arrest of pneumonia in the early stages. The skin is the organ to which we must give our attention. It is heart failure that we must guard against in these cases. Hot baths I resort to early in the disease. A temperature of 106° is hot enough for the bath. Afterwards the patient should be wrapped in a hot blanket, and this will produce free diaphoresis. We must unload the blood of its toxic elements. We do not know exactly what it is, but it is something that no other organ as well as the skin will eliminate. Give your patients with fever hot baths and you will never make a mistake. Formerly I gave veratrum viride to relieve the heart, but of late years I do not give it so much since the antipyretics, as phenacetine, etc., have come into use.

I believe that the prevalence of pneumonia in this epidemic has been far more excessive than in the former two epidemics.

DR. MAX THORNER:

During the first and second epidemics epistaxis was comparatively common, but this year I have not seen or heard of a single case. Middle ear complications are far more frequent.

DR. JOS. C. MARCUS:

In my experience we have had fewer cases of pneumonia than last year and the year before. In the Jewish Home for the Aged and Infirm I have not had a single case this year, while during the former epidemics I lost a number of cases from this complication.

In one case, a young man of twenty-five, after convalescence and his return to business, he came to me on the second day with a bottle of urine



which was loaded with blood. The passage of blood came on suddenly. There was no rise of temperature or pain in the back. The passage of blood ceased almost as suddenly as it commenced. Two weeks before he was attacked with *la grippe* I examined him for life insurance and his urine contained no blood at that time. Since his attack I have twice examined it and found it normal.

DR. J. A. THOMPSON:

In some cases there is intense congestion localized in some portion of the mucous membrane, and when it is situated in the inferior and middle turbinated bodies the reflex neuralgias which it causes last for a long time after an attack of *la grippe*. The application of cocaine will give temporary relief, while more permanent relief can be gained by the use of the galvano-cautery.

DR. O. P. HOLT:

Some of the cases of lobar pneumonia that died in the Hospital were examined microscopically, and nothing differing from ordinary lobar pneumonia found in the lungs. They have not been examined bacteriologically. The majority of cases that died in the Hospital had lobar pneumonia. Aphonia in my experience has been a common accompaniment this year.

DR. MAX KOEHLER:

I have seen a number of cases of second and third attacks. The cause of the disease is still under controversy. Contagium is supposed to be the method of its spread. The incubation stage is uncertain in duration. Two years ago I had two cases of dysentery in one family, mother and child, as a complication of *la grippe*. I had one case of hæmaturia similar to the one reported by Dr. Marcus. Severe neuralgias seem to persist after an attack.

DR. MAX THORNER reported a case of *Thrush of the Pharynx and Nose in the Adult During an Attack of Influenza* (see p. 229).

YEARLY subscription to the LANCET CLINIC \$3.00 if paid *in advance*,

## ACADEMY OF MEDICINE.

### OFFICIAL REPORT.

*Meeting of January 11, 1892.*

The President, GILES S. MITCHELL, M.D., in the Chair.

T. V. FITZPATRICK, M.D., Secretary.

DR. LEONARD FREEMAN exhibited a number of interesting

### *Pathological Specimens.*

The first specimen was a fracture of the neck of the femur, partly intra-capsular and partly extra-capsular, in which such excellent repair had taken place that there had been neither appreciable shortening of the limb nor interference with the patient's gait. Considerable callus had been thrown out, which, however, was not solid, but contained numerous open spaces and perforations. On comparing the fractured femur with the sound bone of the opposite limb it was seen that the angles of the necks of the two bones were apparently exactly the same. The history of the case showed conclusively that the fracture had not been impacted, both crepitus and abnormal mobility having been obtained. The fracture had been treated by Dr. Young by means of his original extension-apparatus, and the result certainly speaks well for the method. For purposes of comparison Dr. Freeman exhibited another specimen of fracture of the femur, in which union had taken place at an acute angle, and in which considerable shortening of the limb must have existed.

A skull was next presented, showing a markedly depressed fracture, just anterior to the motor area, on the right side. The posterior portion of the subjacent frontal convolution had been found flattened, and the covering of grey matter thinned. The interesting point about the case was that although the fracture had existed for a number of years the individual had never shown any resulting mental symptoms, thus supporting the ideas of those conservative surgeons who claim that it is not necessary to operate upon every case of depressed fracture of the skull.

The third specimen was of special interest because it involved a question of diagnosis from a medico-legal standpoint. The patient, a man of perhaps fifty years of age, was brought to the hospital without a history, and died in a few hours. At the post-mortem examination the scalp was found firmly adherent to the region of the posterior fontanel. At this point a small opening, the size of a knitting-needle, led through the bone to the inside of the skull. This opening contained a vein which seemed to communicate with the longitudinal sinus. The tissues of the scalp about the adherent area (the size of a silver dollar) were filled with extravasated blood, as though they had been subjected to a severe bruise, although absolutely nothing of this was to be seen from the external surface of the scalp, and there was no extravasation beneath the periosteum. There was no fracture of the skull. Between the dura and the other meninges, on the left side, there was an enormous blood-clot, with a moderate amount of blood in the sub-arachnoid space. No evidences of hemorrhage were found within the brain itself. The origin of the hemorrhage was not discovered with certainty, owing to the fact that the membranes were lacerated in the removal of the calvarium, although there seemed to be a small opening into the longitudinal sinus. The arteries at the base of the brain were unaltered, and the heart was not hypertrophied. Macroscopically, the kidneys appeared slightly, if at all, diseased, but under the microscope they showed evidences of a beginning interstitial nephritis.

The symptoms in this case might be explained in two ways: it might be assumed that the slight degree of interstitial nephritis present had led to changes in the vessels of the brain, which, although no enlargement of the heart was produced, had culminated in rupture; and that the blood-pressure within the skull had then become so great that blood was forced out through the communicating vein mentioned above into the substance of the scalp, simulating a bruise. Or it might be supposed that the man had received a blow upon

the head with a sand-bag of such a character as to cause meningeal hemorrhage without fracture of the skull.

Dr. Freeman here asked the question whether it was possible for a blow, such as that made by a sand-bag, to produce deep-seated extravasation in the scalp without any superficial evidence being present. Dr. Freeman inclined to the view that the kidneys were responsible for the cerebral hemorrhage.

The next specimens exhibited were the kidneys and heart from a case of chronic Bright's disease. The kidneys were of the parenchymatous granular form. The left ventricle of the heart was markedly hypertrophied. Attention was called to the fact that it is in association with these granular kidneys, either parenchymatous or interstitial, that hypertrophy of the left ventricle, without valvular lesion, is generally found, although the phenomenon might occur in connection with other forms of kidney disease.

A strongly-marked specimen of scirrhus of the liver was also exhibited, in which the separate nodules had undergone fatty changes. It had been suggested that this was a syphilitic, and not simply a scirrhotic liver; but scirrhus of the liver, due to syphilis, is found in children, and is due to hereditary syphilis; while acquired syphilis in adults produces distinct gummata which result in stellate scars.

Dr. Freeman mentioned an interesting specimen which he had been unable to bring before the Society. It was a skull in which a penetrating bullet had glanced from the internal table of the parietal bone. The internal table remained uninjured, while the external table sustained a large and distinct fissure, with considerable extravasation of blood beneath the temporal muscle. Such a specimen seems to show that the so-called vitreous table is not quite so fragile as we usually consider it to be, and that much depends upon the character and direction of the force in connection with the elasticity of the skull, on the principle that a bent stick gives way first on its convex aspect.

## DISCUSSION.

DR. WM. JUDKINS:

There can be no doubt that a stroke from a sand-bag will produce fatal results without producing much, if any, external evidence of injury, such as one would expect to follow the application of an injury sufficient to produce such changes in the tissue of the brain as to result in death. I recall a case which occurred a few years ago. I was called to see a man who was found insensible on the street. There was no external evidence of injury to the scalp. The post-mortem examination showed a thin, cribriform condition of the cranial bones, of a syphilitic origin. A witness testified that the man had been struck by a sand-bag.

DR. SETH EVANS:

These cases can but impress one with the peculiar circumstances under which post-mortem examinations are often made at a large, general hospital, cases dying where absolutely no history can be obtained. Here the autopsy must explain all.

The liver presented was removed from a patient who died within a few hours after being admitted to the wards, of pneumonia. He at no time was conscious. On removing the liver it was found to be of a lemon-yellow color, and very nodular in character. These nodules on section were of a whitish color, while the intervening structure had the appearance of normal liver tissue. It was my opinion that the liver was syphilitic, and I should very much like to see a section of the same under the microscope.

DR. A. W. JOHNSTONE:

I was called to see a boy, about fifteen years of age, who had received a kick in the head, above the ear. I found the scalp unmarked, except for a slight contusion. He had gone about for an hour or so after the injury when convulsions came on, which soon passed into coma. An incision down to the temporo-parietal suture permitted the escape of three or four ounces of blood from the cranial cavity, giving immediate relief. From this point his convalescence was uninterrupted.

DR. YOUNG:

I just which to recall a case of a man who came into the Military Hospital, at Goldsboro, N. C., which illustrates how the arteries, capillaries, and their foramen are enlarged by inflammatory action following injuries of the cranium and tissues within. He had been struck by a spent ball upon the head, and when brought to the hospital had a handkerchief around his head. He seemed to have very little pain, laughed and joked with the attendants, and was very jolly for about ten days, when one morning he was found lying in an unconscious condition, and died a short time after. The post-mortem showed a slight indentation of the outer tablet, with the internal table fractured, two fragments being clinated, one opposite the other, at an angle of about thirty-five degrees, joined at the apex, the apex being opposite the indentation in the outer table. There was a portion of the outer table, about three-quarters of an inch in diameter, necrosed. On the line of demarcation, all around the fragment, were a number of orifices, made by the vessels, that were established and enlarged to facilitate the separation of the dead from the living portion. Many of these orifices were nearly as large as the one exhibited in the specimen shown by Dr. Freeman.

## A NEW LOCAL ANÆSTHETIC.

Dr. Parsons (*Le Progrès médical*, No. 3, 1892) recommends the following:

℞ Chloroform,	}	aa	. 12 parts.
Tinct. aconite,			
Tinct. capsicum,	}	.	4 parts.
Tinct. pyrethrum,			
Essence of cloves,	}	aa	2 parts.
Camphor,			

Dissolve the camphor in the chloroform, add the essence of cloves and then the other ingredients.

## PRURITUS.

The following (*Le Progrès médical*, No. 49, 1891) is praised:

℞ Menthol,	.	.	gms.	4 (℥j).
Alcohol,	.	.	gms.	30 (℥j).
Aquæ,	.	.	gms.	60 (℥j).
Acid acetic,	.	.	gms.	150 (℥ivss).

Apply with a sponge.

—[Pritchard.

## Translations.

### FRENCH MEDICAL CLIPPINGS.

TRANSLATED BY T. C. M.

#### MORPHINE IN CARDIAC AFFECTIONS.

Thanks to the works of numerous physicians the good effects of morphine, as a sedative to the dyspnoea and painful sensations in aortic affections, is today acknowledged by observant practitioners. But what is less known is that in some mitral affections morphine likewise is very useful. According to an able thesis of Dr. Hervouet certain desperate cases of mitral affection were benefited by hypodermics of this remedy, and calmed the dyspnoea and nervous symptoms. It seemed to strengthen the heart's action, provoking diuresis and diminishing anasarca. Through means of morphine patients apparently dying have been brought back to life, when all other remedies of a stimulant character failed. — *Gazette Medecale de Bordeaux.*

#### SPIDER'S WEB AS A CAUSE OF TETANUS.

In December, 1890, a fight occurred in a tavern at Padua. One man was badly injured by a blow on the head, and persons present, wishing to staunch the flow of blood, dressed the wound with that world-wide domestic remedy, spider's web. The victim of the blow subsequently died from tetanus. The defense claimed that death was the direct result of blood poisoning by spider's web, and the judicial authorities authorized Professor Tamassia to act as medical expert for the State. When on trial the expert was asked for the cause of death, and answered that the results of the post-mortem were negative, but claimed that recent investigations proved that tetanic germs are found in spider's web, and as the dead man's wound had been dressed with this substance the inference was that it might have caused the disease. The accused was acquitted, as the Court admitted

the bacteriologic defense. After the trial Doctors Tamassia and Frati*ni* experimented on rabbits with spider's web, and in several instances claim to have induced the disease. These investigators terminate their report with the following conclusions:

"The germs of tetanus, very abundant on certain kinds of soil, are deposited along with dust on the spider's web found on the earth or upon walls, and the application of these webs upon wounds may bring on tetanic infection."

"Even when deprived of the germs of tetanus, spider's web gathers other germs, especially pyogenic micrococci."

"From a medico-legal standpoint the invasion of tetanus consecutive to the application of spider's web to the wound, constitutes an unforeseen accident, not imputable to the primitive lesions."—*Four. de Med. de Paris.*

#### THE THIRTY GRAINS OF BEAUTY IN A PERFECT WOMAN.

Three white things: the skin, teeth and hands.

Three black things: the eyes, eye brows and lashes.

Three red things: the lips, cheeks and nails.

Three long things: the body, hair and hands.

Three short things: the ears, toe nails and feet.

Three large things: the breast, the forehead and eyebrows.

Three narrow things: the mouth, the waist and the lower front leg.

Three large things: the arm, the calf and thigh.

Three delicate things: the fingers hair and lips.

Three little things: the head, chin and nose.—*Four. d' Accouchements.*

#### ANTIPYRINE IN ABORTION.

Madam A., first child, three months pregnant. Syphilitic symptoms manifest. Mucous patches on the mouth and vulva. Constitutional treatment; prompt recovery. At about the fifth month threatened abortion, lumbar and abdominal pains, uterine contractions. Ord

nary treatment calms the symptoms, which soon reappear, however. Fifteen-grain doses of antipyrine, at an hour's interval. Contractions cease, also pains. Madam A. resumes her household duties next morning. Works eight hours; return of pains; miscarriage, with prompt expulsion of membranes; recovery.

Madam B., very healthy woman. has had three children and two abortions. Is pregnant for the sixth time, and six months gone. After severe fatigue is taken with pains and uterine contractions. Three fifteen-grain doses of antipyrine given each day. Pain and contractions disappear. Prompt recovery. Three months after delivered of a healthy child.

If success in first case was not complete, the syphilis must be blamed rather than the remedy. This treatment is rational and harmless.

—*Four. de Med. et de Chir.*

#### VARIATIONS IN THE NUTRITIVE VALUE OF POTATOES.

Chemical analyses have demonstrated that potatoes lose much of their nutritive value in the months of June and July. Even the new potatoes of this period contain little nourishment, and must be taken with other foods. The chemist Stockhardt has shown that potatoes contain 10 per cent. of starch in August; 14 per cent in September; 15 per cent. in October; 16 in November; 17 in December; 17 in January; 16 in February; 15 in March; 12 in April, and 10 in May. Hence potatoes are most nutritious in winter time.

—*Clin. et Presse Medecale Belge.*

#### DIET IN DIABETES ACCORDING TO DUJARDIN-BEAUMETZ.

Follow the following rigorous diet: *Eggs, meats of all kinds; poultry, game, oysters, fish and cheese.* All green vegetables are permitted except *beets, carrots and beans.* Fatty foods are recommended, such as *sardines in oil, herring, lard, goose grease, ham fat and caviar.* All soups are permitted, when made of meats in combination with

*cabbage, poached eggs and onions.* Put no bread nor toast in soup. Only dietetic breads are to be used, and saccharine in place of sugar. All starch foods are strictly forbidden, as well as sweet fruits, pastries and chocolates. Patients may drink claret wine diluted with Vichy, but no poor wines, liquors or spirits. Daily exercise, morning and evening, in open air, fencing, gardening and other light physical exercise.

—*Lyon Medecale.*

#### TERTIARY SYPHILIS OF LARYNX AND TRACHEA.

Observation on a patient aged forty-nine years, syphilitic. Tumefaction of the epiglottis and the arytenoidean folds prevents viewing the interior of the larynx. Gibert's syrup procures great ease in the case. Fifteen days after commencement of treatment laryngoscopic examination shows epiglottis red, ventricular bands and vocal chords, covered by vegetations, also a retracted glottis. Patient returns after several months; serious condition; vegetations close up everything but a slight orifice; tracheotomy. Infiltration of trachea; specific treatment; condition of patient improved.

—*Archiv. Laryn. et Rhin. de Paris.*

#### MEDICAL CHESTS ON RAILROADS.

On all French railroads, even those of slight importance, having a physician in charge, there are medical chests on the trains. A principal physician, at a salary of \$1,000, is supposed to supervise all the roads in France. This appointment has been abrogated, as no one man can inspect all the roads. Each company now has its own physician and surgeon to do the inspection formerly done at the expense of the State.—*La France Medecale.*

#### CASE OF HYSTERICAL APHONIA.

Young girl with hysterical aphonia. Vocal chords separate well and preserve position during normal respiration. The aphonia ceases suddenly on compressing both ovaries firmly, following method

advised by Jurquieres. Two months after, paralysis of vocal chords, this attack being due to inter-arytenoidian paralysis.

—*Revue de Laryn. de Bruxelles.*

## THERAPEUTIC NOTES

FROM FRENCH AND GERMAN JOURNALS.

TRANSLATED BY  
F. H. PRITCHARD, M.D.,  
NORWALK, O.

### THUMENOL IN SKIN DISEASES.

Prof. A. Neisser, of Breslau (*Wiener med. Presse*, No. 50, 1891), reports the results obtained with thumenol in dermato-therapeutics. He recommends it as a good addition to our measures for the treatment of eczema and as a serviceable drug in pruritus. Thumenol is a black substance, which is derived from mineral oils. It has but a slight odor, and contains two important constituents—thumenolsulfon, an oily substance, and thumenolsulfonic acid, a thick fluid, which also is obtained under a powder form. The writer employed a tincture of thumenol, consisting of:

Thumenol, . . . gms. 5  
(3j $\frac{1}{4}$ ).  
Ether sulphur., } aa gms. 15  
Spirit. vin. rectificatiss., } (ß. 3iv).

Glycerine may be employed instead of alcohol. He also incorporated it into salves, plasters and pastes.

Weeping and inflamed eczematous spots were quickly caused to become dry and cover over with epidermis. The drying action is very useful in burns of the first and second degree. The irritative action of the remedy is very slight. It has no deep action as would lead to the absorption of chronic infiltrations, but a pronounced action upon the itchings not only in eczema and parasitic dermatitis, but also in prurigo and pruritus. It may be used as a dressing in superficial ulcerations which already present clean surfaces, and which do not secrete or suppurate too much; for example, in the ecthyma of severe forms of pediculosis, in the rhagades of eczema of the hands, etc.; in the after-treatment of scabies which

has become eczematous, in scratched and lacerated wounds made by animals. It often has a rapidly curative influence upon crural ulcers. It is not an anti-parasitic. Given internally, even in large quantities, it exerts no injurious influence. In acute recurrent eczema, used as a 2 to 5 per cent. solution and applied locally on compresses, it often gives good results. It has the advantage over the acetate of aluminum of not macerating the skin, but of forming a dry protecting covering. It was most frequently used as a 5 to 10 per cent. addition to a paste, which forms a more active one than the zinc paste, and was found of service in lupus, impetigo contagiosa and pemphigus, as well as ulcerating surfaces in general. The writer's favorite formula was:

Thumenol, . . . gms. 2.5-5  
(xxxvijj-3j $\frac{1}{4}$ ).  
Flor. zinc, } aa . . . gms. 2.5  
Bismuth subnit., } (grs. xxxvijj).  
Ung. lenit., } aa . . . gms. 25  
Ung. simpl., } (3vjss).

The remedy is used preferably in the form of a paste in the humid forms of eczemas, and as a tincture in the dry and squamous varieties. The tincture is valuable in multiple erosions from scratching. The thumenol soap plaster resembles an ordinary plaster, yet it is better and earlier supported by humid forms of eczema. Thumenol oil may be applied undiluted with good results to humid and vesicular forms of eczema. The finely powdered thumenolsulfonic acid was used as an application to ulcerating surfaces, or, mixed with a zinc powder, in eczema.

### CHLOROSIS TREATED WITH COPPER.

Dr. Liégeois (*Hosp.-Tidende*, No. 49, 1891) has found that copper, ingested in small quantities, causes in both men and animals a deposition of fat, and that women in factories where it is worked never suffer from chlorosis. Proceeding from this hint, he employed copper in thirty cases of chlorosis with excellent results. He used it in the form of pills, administering the neutral acetate, one centigramme (one-fifth of

a grain), together with five centigrammes (one grain) of the phosphate of sodium; liquorice powder and glycerine were employed as constituents. When the patients suffered from amenorrhœa, menorrhagia or leucorrhœa, the writer added five to ten centigrammes (one to one and a half grains) of freshly powdered *secale cornutum*—ergot—to each pill. One to two pills were given before dinner and supper; before these meals *nux vomica* tincture and after them hydrochloric acid, with a solution of peppermint in water, were administered. The treatment was continued two to four months, and never produced any disagreeable side-symptoms. Of course, the diet was regulated at the same time. The patients all improved; their appetite picked up, their color became better, and the symptoms, together with the dyspepsia, disappeared.

#### THE ABORTIVE TREATMENT OF TYPHLITIS AND PERI- TYPHLITIS.

Prof. Peter, of Paris, France (*La Semaine médicale*, No. 57, 1891), claims that typhlitis or perityphlitis may be aborted, if seen at the very beginning, by the application of six wet cups over the tumor in the iliac region, to be followed by the application of a vesicatory the next morning. Leeches are even better than cupping. If the temperature rises some time after, then reduce it by means of quinine.

#### THE URINE AFTER SULFONAL

Dr. A. Jolles, of Vienna (*Wien. med. Wochenschr.*, No. 49, 1891), reports several cases where a peculiar dark color of the urine, due to hæmatoporphyrin, was noticed by the physicians, where sulfonal in doses of one and a half to two grammes (twenty-two to thirty grains) per day had been given. This was especially true in women. Sal-kowski's test, precipitation of the coloring matter with an alkaline solution of the chloride of barium and treating the precipitate with a solution of hydrochloric acid and alcohol, is a valuable clinical method of testing the presence

of hæmatoporphyrin. Two of these cases ended fatally.

[Albumen and traces of cylinders have been found after the administration of sulfonal. Hence, when giving sulfonal, if a peculiar coloration of the urine, due to hæmatoporphyrin, be noticed, the drug must be immediately discontinued. A similar condition has been reported by a Scandinavian physician.—TRANS.]

#### ANTIMONIUM TARTARICUM IN SKIN DISEASES.

Dr. Jamieson (*Wiener med. Presse*, No. 45, 1891) has used tartar emetic in general exfoliative dermatitis, acute erythematous eczema, dermatitis bullosa, and lichen planus with good results. He gave seven milligrammes (one-eighth of a grain) three to five times a day. In all the patients the good effects of the remedy were apparent on the second or third day of treatment by the improvement in the phenomena of the disease, and either improvement or recovery followed. In three cases the remedy was taken for eight days; in four cases five times a day for a week, and then four times a day for three weeks. He was led to use the remedy on account of the chemical analogy which exists between antimony and arsenic. Drs. Cheadle and Malcolm Mons have also used tartar emetic with success in eczema and lichen planus.

#### DECOCTION OF WHORTLE BERRY IN CHRONIC URETHRITIS, DIARRHŒA, ETC.

Dr. Grünfeld (*Wiener med. Presse*, No. 49, 1891) has used a decoction of whortle berries with success in numerous cases of chronic urethritis, with bluish epithelial plaques in the urethra. He injects a decoction of one hundred grammes (three and a half ounces) of the berries to three hundred grammes (ten ounces) of vehicle into the urethra.

Dr. Winternitz (*Le Bulletin médical*, No. 97, 1891) has used the same drug in incoercible diarrhœas of phthisis with success. It is the popular remedy in various forms of diarrhœa in France, especially in the Vosges, where the

berries are boiled in wine and drunk in cases of diarrhœa. He has also found it of great service in leucoplakia buccalis (lingual psoriasis), and in reducing hypertrophy of the lingual papillæ. The writer has employed it with success as an injection in acute and chronic urethritis.

#### ANTIPYRIN IN ERYTHEMA NODOSUM.

Dr. Crentz of Osterfeld, Germany (*Aertzlicher Praktiker*, No. 37, 1891), in the clinic of Prof. Unger, of Bonn, tried antipyrin in all the cases of erythema nodosum with good results. Children received one decigramme (one and a half grains) per year of their age, three to four times a day. Its favorable action soon manifested itself. The general condition of the patients improved, the nodes lost their circumscribed hardness, became paler and disappeared, undergoing the well-known changes in color. The process was ended in eight to fourteen days at the most. Only in one case was a recurrence noted, which yielded to this treatment. Adults received three to four grammes per day. The writer regards erythema nodosum as an infectious disease, analogous to rheumatism.

[The iodide of potash has been administered with success in this affection. —TRANS.]

#### ACETATE OF LEAD IN PNEUMONIA.

Dr. Marquez (*Gazzetta degli Ospitali*, No. 81, 1891) has used with success, since 1859, the neutral acetate of lead in the treatment of pneumonia. This treatment is especially indicated in weak persons, tuberculous patients or those threatened with tuberculosis. It combats the hyperæmia, moderates the morbid secretions and shortens the course of the disease.

#### COMPOUND PURGATIVE PILLS.

Prof. Peter, of Paris (*Le Bulletin médical*, No. 3, 1892) uses the following compound purgative pills:

<p> <b>Scammony,</b>  <b>Jalap,</b>  <b>Calomel,</b>  <b>Soap,</b> </p>	<p> <math>\left. \begin{array}{l} \\ \\ \\ \end{array} \right\} \text{aa cgms. 5 (gr. } \frac{3}{4} \text{).}</math> </p>
<p>Sufficient for one pill. Two pills a day.</p>	
<p> <b>Aloes,</b>  <b>Jalap,</b>  <b>Scammony,</b>  <b>Gamboge,</b>  <b>Calomel,</b> </p>	<p> <math>\left. \begin{array}{l} \\ \\ \\ \end{array} \right\} \text{aa cgms. 5 (gr. } \frac{3}{4} \text{).}</math> </p>
<p>Sufficient for one pill. Two four a day.</p>	

#### MORPHINE IN ACUTE POISONING BY COCAINE.

Dr. Choupe (*Le Bulletin médical*, No. 3, 1892) has found, by experiment, that animals poisoned by deadly doses of cocaine easily recover under the administration of morphine (subcutaneously). Hence he recommends it in acute cases of cocaine poisoning, but simultaneously warns against giving too small doses. From three to four centigrammes (one-half to three-fourths gr.) must be injected hypodermatically.

#### TUBERCULOSIS OF THE TESTICLE TREATED BY INTERSTITIAL INJECTIONS OF CAMPHORATED NAPHTHOL.

Dr. Reboul (*Wiener med. Presse*, No. 45, 1891), in cases of tuberculosis of the testicle, either injects the fluid into the fistula or makes an interstitial injection into the testicle itself. The neoplastic masses decrease in size and the fistulæ close. Although the number of cases treated is by no means large, the results were good. Apparently a hardening of the tissues takes place, to be followed by a cure.

#### OTALGIA.

In otalgia the following (*Ugeskrift for Læger*, Nos. 28 and 29, 1891) is recommended:

<b>Chloral camphor,</b>	ptt. 5.
<b>Glycerine,</b>	ptt. 30.
<b>Ol. amygdal. dulc.,</b>	ptt. 10.

Dip a pledget of cotton into this mixture and introduce it into the meatus.

#### PUBLISHER'S NOTICES.

SAMPLES of Sander & Sons' Eucalypti Extract (Eucalyptol), gratis, through Dr. Sander, Dillon, Iowa. Eucalyptol stands foremost as a disinfectant, is a perfect check to inflammatory action, and invaluable in zymotic diseases. Meyer Bros. Drug Co., St. Louis, Mo. Sole Agents.



# THE CINCINNATI LANCET-CLINIC:

*A Weekly Journal of*

MEDICINE AND SURGERY

ISSUED EVERY SATURDAY.


EDITORS:

A. B. RICHARDSON, M.D.

J. C. OLIVER, M.D.

L. S. COLTER, M.D.

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## Editorial.

### THE MEASURE OF RESPONSIBILITY IN CRIMINALS.

The object of the machinery of legislative bodies and of courts is to so adjust the relations of men, one to the other, that exact justice shall be apportioned to each. This recognizes in each certain capacities and accords to each, within given limits, the right of independent action. It recognizes further, however, that the rights of the multitude are paramount to the liberty of the individual; that the protection of society may demand the sacrifice of the individual whenever this becomes a necessity to its best interests.

The experience of mankind also demonstrates that certain individuals do not possess the capacity required for independent action; that men possess in varying degree the powers of deliberation, analysis, reason and self-restraint, and that certain states of defect and disease disturb and impair

these. Courts recognize these deficiencies and diseased states, and in adjusting the relations of men they relieve from responsibility those in whom such defect or disease has been demonstrated. This practice concedes at once the relationship which exists between physical structure and moral responsibility. The perfection of one is necessary for the normal activity of the other. The scales of justice, however, as designed by man, have coarse adjustments and do not approach the delicacy and nice precision of nature's processes. Physicians, being the interpreters of nature, both in health and in disease, estimate moral responsibility on different lines from those established by courts and legislatures.

As disease exists in varying degree and impairs in varying extent the functions of tissues, so do we recognize the variations which result in the perversions or defects of moral capacity. Courts cannot take cognizance of these innumerable and infinitesimal gradations, and therefore fix gross measures of capacity; they establish an artificial line, on one side of which is responsibility, on the other side, irresponsibility. This line was fixed by the English judges at the point where the capacity remained of distinguishing between right and wrong. The investigation of diseased processes and the influence of the medical profession have made inroads on this decision, however, and have produced considerable modification of this standard. It is now conceded that there shall be not only the knowledge of right and wrong in the abstract, but that in relation to any specific act there must be the power to determine its character and to recognize its relations to law and social requirements. Judges have even gone so far as to charge that even if the

accused' can distinguish the right from the wrong, if he be demonstrated to be powerless to do the one or to refrain from doing the other, and this is due to disease, he shall not be held responsible. This is abundantly demonstrated from observations in pathology, and is the point for which medical men have for years contended. It is right that every precaution should be thrown about exceptions of this kind that they may not be abused, or the safety of society jeopardized. Yet, while this is true, it is also true that the law should recognize scientific facts, and cannot afford to perpetuate acts of injustice under the guise of law.

The recognition of the relations which obtain between states of physical structure and degrees of moral capacity requires a still further readjustment of the old rule of the English judges. Not only should it be conceded that an individual may know that an act is wrong and yet be powerless to refrain from committing it through states of disease of physical structure, but it should be conceded that states of disease of physical structure impair in varying degree the moral responsibility. As it now stands the law says that on one side of a line is insanity and irresponsibility, on the other side sanity and responsibility. If law keeps pace with science it must soon concede that insanity does not of necessity relieve wholly from responsibility its subject, nor states of sanity impose it in equal degree in every individual case. The various grades of punishment which the law now recognizes should be adjusted to these varying degrees of moral capacity and consequent responsibility. Many an individual, the victim of his organization, environment, or faulty education, yet sane in the medical as well as

legal interpretation of that word, is of more limited moral capacity and is more powerless to resist impulses or motives prompting to wrong conduct than many of those who are the victims of disease and not only medically but legally insane. We must attach less significance to the terms sanity and insanity, or rather we must not rest content with such a classification in attempting to arrive at the moral responsibility of individuals, but go into the analysis of the states of which it is but a gross expression of a sum total of symptoms. If insanity be found, then how far does the disease impair volition as related to the specific act in question? If sanity is assumed to exist, what is the capacity of this particular individual to exercise free volition concerning the particular act in question?

Crime cannot be imputed where there exists powerlessness to resist the impulses toward wrong conduct and *per contra*, crime is to be imputed in every case where there exists the power to resist these impulses toward wrong conduct, even though disease be co-existent and affect the mental autonomy in other respects.

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#### THE LUNACY COMMISSION BILL.

We do not refer again to this bill because we have any hopes of securing its passage. As we understand the situation, there is but little prospect that it will become a law. The Legislature is averse to creating salaries for offices, and anxious to avoid the criticisms which would result from such action.

The principle of the bill, however, we must commend. The newspaper reports of the past few days will disclose the necessity which exists for some improvement in the management

of the asylums for insane in this State. The great defect at present is in the influences which control the selection of officials. Efficiency and experience are entirely subordinate to political availability. Vacancies are created not because of incompetency, but because a political change in the management is desired. If charges are made against officials their disposition depends entirely upon the party affiliation of the accused. Improvement here is urgently demanded. If a lunacy commission will give this, let us have it. We are not sure that it would do so. Much would depend upon the men selected to compose it. The spirit of the bill is in favor of eliminating partisan control, but much of this might be negated by unworthy appointments.

There is in the minds of some much misconception as to the scope of the bill. It is not intended to supplant present boards of trustees. The commission has no power of appointment. It can only pass upon the qualifications of appointments and reject them if they are found unworthy. They are required to do this by some system of examination which shall be practical in character. They can further order the discharge of an employe or officer for malfeasance or incompetence. They are authorized to prescribe methods of management for the State asylums, and officers are required to follow them if they are "just and reasonable." They are also empowered to collect statistics and to keep a correct record of all insane persons in confinement in the State and to visit them at least four times a year. Insane in county, private and State asylums, infirmaries, etc., are placed under their supervision. It is conceded that much power is given into their hands. This is a necessity to success, but success will ultimately de-

pend upon the character of the men selected.

With a law having such a spirit, and with the sentiment to back it which its passage would indicate, we believe much good would result and the service in these institutions be greatly elevated.

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#### NEW WATER-WORKS.

The bill for establishing a new water-works to supply Cincinnati with water for drinking has been prepared and is about to be introduced into the Legislature. It contemplates an expenditure of six million dollars and the removal of the waterworks to a point farther up the river. We very much fear that the measure is not the outcome of mature thought and deliberation, and we are afraid there will be but little gained by the move.

For the past six months the State Board of Health has been conducting a systematic examination of the Ohio River water, both in the vicinity of our city and at points higher up. The results of this examination have not been made public yet and may not be for some time, but we feel confident that they will be of much value in determining the questions involved in the selection of a site for a new water-works.

Personally, we do not believe that the water in the Ohio River is fit for drinking purposes, either at the present location of the pumping house, or at a point above the mouth of the Little Miami, and it would be the part of wisdom to determine this point before embarking in any new project. This investigation can be made and accurate results obtained for a comparatively trifling cost.

Should our doubts as to the purity of the water be confirmed, the next

question to be determined is, how can the water be rendered safe and fit for drinking purposes? There are two ways of bringing about this result, viz., (1) prevent all contamination of the river from sewage, etc., and (2) filter or otherwise prepare the water so as to destroy its harmful properties.

The first proposition is the better, but it involves so many points that it would practically be impossible, unless it was done through the agency of the National Government, for several States border upon the river, and in order to protect the river from poisonous contamination it would require an unanimity of laws applying to all bordering States. This could be done, but would require a vast amount of time and labor to accomplish it, and then a constant supervision would be necessary to prevent secret pollution. Altogether, this plan seems too utopian for the present age and generation.

The second proposition is open to some question, but we are informed that there is a method in use in Antwerp that is eminently satisfactory. We hear that the water is, after being put through the process, entirely free from germs and other organic matter.

The main point, and the one on which we desire to lay stress, is that those in whose power rests the determining of the question should be compelled to go slowly, and before adopting any measure make a careful survey of the situation, and also a careful and scientific study of modern methods designed for the purification of drinking-water.

As the matter now stands the interest of the citizens in this project is being made secondary to a squabble among two political factions as to which one shall control the patronage arising from this large outlay of money. This

is a disgraceful spectacle, and shows very plainly why politicians are taking so much interest in the measure.

So far as we, as physicians, are concerned, it does not make one iota of difference who appoints the commissioners, but we are extremely anxious for the movement to be one directed in a wise and prudent manner, and we do most strenuously object to the whole matter assuming the phase of a political "job."

This is an instance of a measure in which the profession should actively interest itself, and one in which the united profession should see that there is no bungling or dishonesty. Let us see whether we can speak with enough emphasis to compel those in authority to heed our advice and give the people of Cincinnati the very best result that can be obtained, under the circumstances.

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#### EDITORIAL NOTES.

THE *Canada Lancet* advises physicians in Toronto to make an organized resistance against the exorbitant charges of the telephone company. In Toronto the prices are \$25 for a private residence and \$40 for a physician's office. Would it not be a good idea for the physicians in Cincinnati to protest against the outrageous prices charged here? One hundred dollars a year for a telephone in one's office is extortion. Why not object to highway robbery?

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DR. COMEGYS during his stay in Washington learned much of interest regarding the bill to establish a department of public health. Like all measures which must be submitted to a large body of men for decision, there was not a unanimous feeling in its favor. Physicians who have influence with

Congressmen can do much toward aiding the movement.

We have received announcements of "An American Text-Book of Surgery," which will shortly appear. The authors are Drs. Keen, White, Burnett, Conner, Dennis, Park, Nancrede, Pilcher, Senn, Shepherd, Stimson, Thomson and Warren. From this list we shall expect a book which will represent American surgery; one that should be fully up to the times.

Dr. Pepper will also shortly present us with "An American Text-Book of the Theory and Practice of Medicine." The work will be in two volumes. We expect much from these two works.

#### LOCAL SOCIETY NOTICES.

##### ACADEMY OF MEDICINE.

Monday evening, February 22, CHAS. SETH EVANS, M.D., will read a paper on "Operation for the Treatment of Emyemia."

B. M. RICKETTS, M.D., will read a "Report of Scarlatina, with Unusual Sequella."

##### CINCINNATI MEDICAL SOCIETY.—

Tuesday evening, February 23, 1892, DR. J. A. THOMPSON's paper, on the "Treatment of Laryngeal Lesions in Consumption," has been made a special order of business for this meeting. The discussion will be opened by DR. J. C. MACKENZIE.

DR. R. C. HEFFLEBOWER will read a paper on "Mastoid Operations," with remarks based upon about fifty cases.

THE Forty-third Annual Session of the Medical Association of Georgia will meet in Columbus, Ga., on April 20, 21, 22, 1892.

The officers are: President, G. W. Mulligan, M.D., of Washington, Ga.; Vice-Presidents, James M. Hull, M.D., of Augusta, Mark H. O'Daniel, M.D., of Macon; Treasurer, E. C. Goodrich, M.D., of Augusta; Secretary, Dan H. Howell, M.D., of Atlanta, Ga.

## In Memoriam.

JOHN H. TATE, M.D.

### BIOGRAPHICAL SKETCH OF THE LATE DR. J. H. TATE.

Few of the physicians of our city can lay greater claim to the universal respect of their brother-physicians than could Dr. Tate, and his death has occasioned a vast amount of retrospection among the older practitioners. We believe that Dr. Tate was the oldest physician in Cincinnati. He was born at Charlestown, Va., in 1816, making him seventy-six years of age at the time of his death.

At the age of eighteen he decided to try his fortunes in the western country, so with three of his cousins he walked over the Allegheny Mountains from Fredericktown, Md., to Wheeling, W. Va.; from Wheeling he came by boat to Cincinnati. He went from Cincinnati to Hanover, Ind., where he finished his literary education. In 1837 he returned to Cincinnati and began the study of medicine at the Ohio Medical College, from which institution he graduated. In 1840 he served as an *interne* in the old Commercial Hospital. He was thus, at the termination of his career, the oldest of the *internes*.

The doctor has, at various times, served as Professor of Physiology in the Cincinnati Medical College; Professor of Obstetrics at the Ohio Medical College; Obstetrician and Gynecologist to the Good Samaritan Hospital and Obstetrician to the Cincinnati Hospital. At the time of his death he was consulting obstetrician to the Cincinnati Hospital.

The high honor of being the founder of the library and museum of the Cincinnati Hospital has been accredited to Dr. Tate. We are inclined to believe that he was *one* of several who brought these into existence, but nevertheless he must have a large portion of praise

for his earnest and steadfast support of these valuable adjuncts.

We are informed that Dr. Tate personally attended 3,180 cases of obstetrics up to the year 1890. His hospital services furnished him with 1,400 more, so that in all he had attended 4,580 cases of obstetrics. Certainly a broad field from which to glean facts.

After practicing in Cincinnati for a few years Dr. Tate went to Paris, where he remained two years. Dr. Comegys was present in Paris at the same time and distinctly remembers Dr. Tate at that time.

Having given a somewhat detailed account of Dr. Tate's history and life work, let us turn for a while to the character of the man. We may say, without fear of contradiction, that Dr. Tate was an eccentric man; he had personal peculiarities, but they were not of the kind that were unpleasant or distasteful to those with whom he came in contact.

He was a man of untiring energy—every moment was fully occupied, and he was an utter stranger to idleness. A small, spare man, he showed that he was not given to indulgence in any appetite.

As characteristic of the man we might mention an incident which occurred at the time the writer became an *interne* at the Cincinnati Hospital. Dr. Tate at that time was President of the Staff, and in giving instruction and advice to the incoming *internes* he said: "Gentlemen, you will find that you must pass through many unpleasant experiences during your year's service, therefore I advise you always to put the *best* construction upon everything that occurs." We believe this was his own practice in the ordinary affairs of life, and thus he avoided many unpleasant experiences.

To the poor he was ever a devoted friend and adviser. He remembered the injunction, "inasmuch as ye have done it to the *least* of these, my brethren, ye have done it unto me." Many poor persons will think sorrowfully of the loss they have sustained.

Even during his later years Dr. Tate was a progressive man. He kept

in touch with the discoveries of modern science, and was ever a student.

On behalf of the medical profession we desire to express our appreciation of the deceased; his many virtues may be taken as an example by others; his love of truth, his stern devotion to duty, his kindness to the poor, and his zeal in the study and practice of his profession, may serve as a beacon star to guide the rest of us to that haven of peace and love where we may hear the joyful words: "Well done! thou good and faithful servant."

Dr. Tate leaves seven children—one daughter and six sons. One of his sons (Magnus) is a physician. To his bereaved family we extend our hearty sympathy and our assurance that we also participate in their sense of loss.

#### THE ACADEMY OF MEDICINE.

The following is the report of the special committee appointed by the Academy of Medicine on the death of Dr. John H. Tate:

It becomes the duty of your committee to communicate to the Academy, formally, the intelligence of the death of one of its oldest and most distinguished members—John H. Tate, M.D.—an ex-President (1873). The sad event occurred at the home of his daughter, Mrs. March, in Fern Bank, near this city, Sunday, February 7, A.D., 1892.

The long professional career of Dr. Tate, and the high standing which he reached and maintained, warrant a brief biographical sketch.

He was the son of the Hon. Wm. Tate, of Virginia, and was born near Harper's Ferry, in the year 1815. He came west in 1833, walking over the Allegheny Mountains. His academic education having been completed at South Hanover, Ind., he came to Cincinnati and entered the office of the late Prof. John Moorhead, as a medical student, in 1837. He graduated from the Medical College of Ohio in 1840. He was then appointed as resident physician to the Commercial (now Cincinnati) Hospital, remaining one year. At the close of that service he opened an office

in this city, where he continued in active and successful practice until within a few days of his death.

He was in 1856 a member of the Faculty of the Medical College of Ohio, and was on the staff of the Commercial Hospital. He was in this capacity the first teacher in this valley to give clinical instruction in obstetrical auscultation.

From 1873 to 1885 he again served on the staff of the Cincinnati Hospital, in the obstetrical department. Resigning in 1885 he was unanimously elected as consulting obstetrician, which position he held at the time of his death. He was also for some years a member of the Faculty of the Cincinnati College of Medicine and Surgery.

In 1879 he published a statistical report, founded upon Cincinnati Hospital records, of the frequency, causes, methods of prevention, and after-treatment of lacerations of the perineum. This report showed industry and intelligence in its author. It was widely read and quoted. He also originated and successfully executed a special method of restoring the inverted uterus.

In 1869 Dr. Tate introduced a resolution, which was passed, in this Academy, asking the Legislature to so amend the law governing the Commercial Hospital as to apply the money received from the sale of tickets to medical students to the establishment, and maintenance, of a medical library and museum in the hospital. The law was so amended by the State Legislature. Dr. Tate was therefore the founder of the splendid library which has now grown to such large proportions—10,000 volumes—and which will, within a few days, be removed to its new and elegant apartments in the Hospital, and which is free to any medical man or medical student in this city. He was also, by the same measure the founder of our hospital museum. These acts were the outgrowth of his energy, industry, foresight and loyalty to the interests of the medical profession of his adopted city.

Dr. Tate was not a large contributor to medical literature, writing but little. In earlier years, however, he read, in

his turn, papers before this Academy. These papers show careful preparation and ability. Until within a few years past he was a faithful attendant at the meetings. In discussion he was able and thorough. His style was earnest, animated, often eloquent.

During his entire professional career Dr. Tate was a general practitioner. His highest reputation, however, was as an obstetrician and gynecologist. It is probable that no one ever practicing in this city surpassed him in obstetric skill. He did a very large business, and in this department was often called in consultation in difficult cases, never refusing, no matter who the physician nor how humble the patient's surroundings.

In consultation he was never disappointing. He brought to the occasion his superior skill, and was here, as everywhere, the soul of truth and honor; withal, so modest and unassuming, that his professional associate never suffered in reputation because of the consultation.

Enough has been said to prove that the subject of this sketch was not an ordinary man. The qualities of head and heart which most distinctively mark him, however, and shine forth with the purest lustre in his character yet remain to be named.

His choice was to give his professional skill to the poor. He spent his life in ministrations at this altar. Charming in conversation, pleasing in manners, with inspiring presence, and his superior skill well known both to the profession and the laity, he could have selected his clientele from the wealthy and influential. Amongst such he had both friends and patrons, but knowing as he did that this class could command always attendance from those possessed of the highest skill, and that the poor could not, he voluntarily consecrated himself to their service.

The day was never too hot nor too cold, the night never too dark, his body never to weary, for him to go cheerfully, when called, to the home of the poorest and remain so long as his services were needed. He did it as a

matter of principle, from heart. It was in him that charity "which vaunteth not itself." This work shall make his memory immortal.

The deceased was a member of the Protestant Episcopal Church.

Dr. Tate's death was the result of inter-cranial hemorrhage, probably precipitated by his being dragged for a distance of a half square during an attempt to board a street-car.

Mrs. Tate, who was the daughter of John S. Chenoweth, and who was a woman of superior character, died in 1889.

Nine children were born to Dr. and Mrs. Tate, of whom one daughter, Mrs. March, and six sons, among them Dr. Magnus Tate, of this city, survive.

To the children this Academy extends its profound sympathy.

THAD A. REAMY,  
WM. JUDKINS,  
GEO. B. ORR,  
Committee.

#### THE BELGIAN LAW AGAINST HYPNOTIZING.

Belgium is the first country to make hypnotizing an offence against the law of the land. The law recently approved by the Parliament in Brussels is as follows:

1. Whoever exhibits an individual hypnotized by him or by another shall be punished by imprisonment for from two weeks to two months, and by a fine of \$5 to \$200.

2. Any person, not a physician, having hypnotized an individual under twenty-one years, or one not in full possession of his mental powers, shall be punished by a fine of \$5 to \$200, even when the hypnotized individual has not been exhibited publicly.

3. With imprisonment shall be punished, moreover, every person who, with the intention of cheating or otherwise injuring, causes a hypnotized individual to sign a paper containing a contract, disposition, obligation, release, or declaration of intention. The same punishment shall be inflicted also upon the person deriving benefit from such a paper.—*N. Y. Med. Record.*

## Bibliography.

### MEDICAL LITERATURE REVIEWED TO DATE.

#### SYPHILIS IN ANCIENT AND PRE-HISTORIC TIMES.

By DR. F. BURET, Paris, France. Translated from the French, with notes, by A. H. Ohmann-Dumesnil, M.D., Professor of Dermatology and Syphilology in the St. Louis College of Physicians and Surgeons, etc. Published by F. A. Davis, Philadelphia and London, 1891. Vol. I, No. 12, of the Physicians' and Students' Ready-Reference Series.

This book is written for the express purpose of proving that syphilis is a disease as ancient as prostitution, and that all who ascribe its origin to the fifteenth century are wrong.

The author begins by taking the pathological lesions found upon the bones and teeth of pre-historic races as evidence of the early existence of syphilis. We believe that the author ascribes too many of the lesions found to a syphilitic origin, but, nevertheless, enough is undoubtedly given to render the existence of syphilis highly probable, long before the discovery of America or the siege of Naples. The lessons taught by pathological anatomy are very suggestive.

The rest of the book is devoted to quotations from the Chinese, Japanese, Egyptian, Assyrian, Babylonian, Hebrew, Hindoo, Grecian and Roman writings. From the passage given one is convinced that syphilis, or a similar venereal disease, was known at least five thousand years before the Christian era.

An enormous amount of time and labor must have been devoted to the subject as here treated, and the author deserves much credit for his patience and perseverance; the subject is, however, one of purely abstract value, and essentially historical in its nature.

The style of the work is very "Frenchy" in all that the term implies.

The publishers have done their part of the work in a very satisfactory manner, having given us a very convenient and handy volume.



In conclusion, we feel justified in recommending the book to those who are interested in the question of the antiquity of syphilis.

#### SURGICAL ANATOMY FOR STUDENTS.

By A. MARMADUKE SHIELD, M.B., F.R.C.S., Senior Assistant Surgeon, Aural Surgeon, and Teacher of Operative Surgery, Charing Cross Hospital. Published by D. Appleton & Company, 1891.

The book represents a full diet of meat; there are no side dishes. It represents the actual facts boiled down so that the residue is simply the facts and points in surgical anatomy most tersely and accurately expressed. As a book for review we cannot too highly commend it. We advise every medical student to purchase a copy and always keep it handy as a book of ready reference.

#### BROCHURES RECEIVED.

Report of a Case of Extra-Uterine Pregnancy: Rupture into the Peritoneal Cavity at about the Fifth Week; Operation Three Weeks Afterward; Recovery. By Rufus B. Hall, M.D.; Cincinnati, O. Reprint from the *Journal of the American Medical Association*.

Scope of Orthopedics: The Forms of Club-Foot; Tenotomy; the Etiology of Club-Foot; the Treatment of Club-Foot; the Plaster-of-Paris Bandage. By H. Augustus Wilson, M.D., Philadelphia, Pa. Reprint from the *Medical and Surgical Reporter*.

Surgery: A Practical Treatise, with Special Reference to Treatment. By C. W. Mansell Moulin, M.A., M.D., etc. Published by P. Blakiston, Son & Co., Philadelphia. 1891.

Essentials of Medical Physics. By Fred J. Brockway, M.D. With 155 illustrations. Published by W. B. Saunders, Philadelphia, 1892. Price, \$1.00. Saunders's Question Compend, No. 22.

Annual Report of the Supervising Surgeon-General of the Marine Hospital Service of the United States, for the Fiscal Year 1891.

## Selections.

### FROM CURRENT MEDICAL LITERATURE.

#### ON SOME PAINFUL AFFECTIONS FOLLOWING INFLUENZA.

Dr. A. Ernest Sansom, F.R.C.P., Physician to the London Hospital, etc., contributes the following article to the *Lancet* for January 2, 1892:

I propose in this short communication to pursue the inductive method of reasoning in regard to some cases which at one time caused me considerable perplexity. I will first mention a case which initiated my difficulties. A gentleman aged fifty-three, who for many months previously had been in fair average health, was taken during the night with severe pain in the right hypochondrium. The signs simulated those of hepatic colic. He took a mild aperient, and the attack passed away after one to two hours and he slept. The following day the bowels were properly opened, there was no evidence of absence of bile from the motions, the urine was in all respects normal and contained no bile or excess of coloring matter. The attacks of severe pain, however, recurred at intervals—mostly at night, but sometimes during the day—for about ten days, treatment by opium and belladonna only relieving them. It seemed that the gall-bladder could be mapped out by the area of tenderness, but never was there the slightest jaundice. On one night there was sharp diarrhoea. I could only say that the attacks were those of hepatalgia of paroxysmal recurrence. In hunting about for a cause, the only antecedent which seemed at all probable in this direction was an attack of influenza contracted in Paris at the very earliest time of the epidemic, and followed by protracted enfeeblement. I computed that nearly twenty months must have elapsed between the original attack and these consequences, if they were consequences. There was no evidence of reinfection, but of course this was possible.

The key seemed to be furnished by a number of experiences which came to me just about the same period as this first instance. In all there was fair evidence of an attack of influenza followed at intervals, extraordinarily variable, by signs of extreme pain and distress. In twenty-four such cases the sites of pain could be thus tabulated:

1. Epigastrium, nine cases; abdomen generally, two cases; localized in hepatic area, one case.

2. Head, various sites, seven cases; supra-orbital region, one case; right inferior maxilla, one case.

3. Heart region, seven cases.

4. Extremities: hips and legs, two cases; calves, two cases; arms, two cases; right sciatic region, one case; fingers, one case; lumbar region, one case.

In Group 1 in some cases the pain at the epigastrium was nearly constant. For instance, a man aged sixty-six, who had been previously quite healthy, caught influenza at Christmas, 1890, and had never felt well since. Six months afterward he had constant pain at the epigastrium, with craving for food. Food slightly relieved the pain, but soon after nausea occurred, with pyrosis. In most cases the pain was paroxysmal, and frequently nocturnal, sometimes attended with vomiting or pyrosis. Peculiar symptoms occurred in some of these cases, as "a feeling as of a cold wind over the chest, and inability to take a deep breath." In some the signs of colic, as in the first case mentioned, were closely simulated; frequently there was retching, but the tendency was rather to diarrhoea than to constipation. In one case, a man of sixty-three, suffering from intense epigastric pain, with sense of heavy weight preventing sleep, and some vomiting, I found a small patch of herpes zoster below the angle of the right scapula.

In Group 2 were various neuralgiae. In one man aged thirty-eight there was intense supra-orbital neuralgia varying from side to side; previously there had been rigor and abdominal pain like colic, and then sweating and palpitation. He had suffered from influenza twelve months previously, but no ail-

ment since. In another case, a lady aged twenty-five, urticaria followed influenza, and twelve months afterward attacks of vertigo, with palpitation of the heart and pain referred to the occipital regions. A lady of thirty-seven, who had suffered from an attack of influenza in May, 1891, averred that two months afterward she commenced to have headache, from which she had never been free in her waking hours for three months subsequently; she also suffered from pain on movement of the right lower jaw. She had tremors and tinnitus aurium, but no vertigo. In others headache occurred coincidentally with gastric crises.

In Group 3 some of the patients referred the pain which they suffered very closely to the region of the heart. In a few cases the pain was persistent, but in most paroxysmal. A lady aged forty-two, who had suffered from influenza nine months previously, described the pain as constant and dull, limited to the heart region. A gentleman aged thirty-six, whose attack dated sixteen months previously, was wearied with such dull aching; it was rather more diffused than in the former case. In another gentleman, aged forty-two, the constant pain in the cardiac region was accompanied by tingling down the left arm. The most important and characteristic cases in this group, however, simulated angina pectoris. A gentleman aged thirty-one, typically athletic, who had never suffered from illness before his attack of influenza, which was very severe, was taken five months afterward with sudden and violent pain at the heart, eventuating in syncope. He was standing with his back to the fireplace talking with friends when the attack seized him with violence, and he fell unconscious upon the hearth-rug. There was no epileptoid sign. Another attack occurred a week after. There could be no doubt from collateral evidence that the patient became faint to unconsciousness. In the intervals no notable deviation from health could be detected; the left ventricle was slightly hypertrophied, but not more so than could be expected in an athletic subject. The patient de-

scribed the pain as of the character of a "grip" or "screw" at the heart; he experienced no coldness, and repudiated any sense of impending death. There were occasionally, also, some attacks of dyspnea, occurring independently of exertion. Nearly at the same time at which this patient came under my observation a gentleman came under my care with like symptoms, in whom there was no evidence of an attack of influenza. He presented the appearance of typical good health, but suffered attacks of terrible pain at the heart, ending in complete unconsciousness. On some occasions the attacks were followed by wild excitement, and the patient had to be restrained from self-violence. I have reason to believe that in both these cases there was complete recovery. In a lady, aged forty-one, attacks of intense pain were initiated by exertion. The pain was localized in the second left intercostal space—presumably over the superior cardiac plexus—and here was a tender spot. The pulsations of the heart were painfully felt when in the recumbent position. In some other cases there was a feeling of impending death, as in true angina pectoris, though the pain was much less severe. This occurred in a gentleman aged thirty-three, sixteen months after an attack of influenza. Pain referred to the heart, however, had occurred at intervals ever since his attack. In the case of another gentleman, aged thirty-seven, the sensation was described as of an arrest of the heart, as if the pendulum of a clock had been stopped at one swing. With this the patient said: "I feel as if I were going to die." In some cases there was a manifest slowing of the pulse; in others an irregularity. Sometimes a slow alternated with a quick pulse. Fifteen months after an attack of influenza I counted the pulse of a lady aged twenty-two as fifty-six. In most cases the rate was rapid, and I do not remember one case in which the arterial tension was unduly prolonged. This absence of prolonged arterial tension, in my opinion, took the cases out of the category of true angina pectoris. I have not heard that any case was fatal.

It is no part of my purpose to pursue the question of the cardiac phenomena of influenza. These furnish most interesting lessons, but I am concerned now only with the manifestations of *pain*. I turn now to Group 4, in which there were painful affections of the extremities. A lady aged twenty-five, who had an attack attended with high fever four months previously, complained of intense aching in both arms. This occurred chiefly at night, and she actually wept on account of the pain. Previously to the manifestation in the arms she had suffered pain in the calves of the legs, resembling that of neuritis. In another case of a gentleman, aged forty-one, the pain was referred to the lumbar regions more on the left side, to the right shoulder and the left wrist, to the course of the right sciatic nerve, and to the muscles of the thigh. There were fearful exacerbations, chiefly nocturnal, so that the patient, previously a healthy man, actually shrieked on account of the pain. In the case of a female aged thirty-three pain was localized in the muscles of the calves of the leg and of the thigh. The pain was strongly aggravated after food, especially meat. In another female, aged twenty-three, pain was extremely violent in the thighs and legs, and there were attacks of faintness. Subsequently the suffering was localized in the course of the right sciatic nerve. It was subject to remissions, with severe nocturnal exacerbations; there were also shooting pains at the epigastrium. The case was of alarming intensity, but recovered. In a lady aged forty-eight pain was referred to the right hip and to the right arm; it extended from the right shoulder to the fingers, and all movement caused pain.

There could be little doubt that in these cases there was a form of neuritis. I met with other analogous instances in which there had been no history of influenza: One case in a child in whom there was severe pain in the calves, dropped feet, absolute loss of motor power, and, in fact, all the signs of neuritis of the alcoholic form. Any causation by alcohol was in this

case quite out of the question; no doubt it was due to some infectious cause, and resembled the cases of peripheral neuritis, due to no traceable contagion, recorded by Déjérine and others.

In this summary of my personal experiences I have dwelt with no cases of the earliest manifestations of influenza; all were in patients whose attack had passed away and who were not confined to their homes. The periods between the attack of influenza and the manifestations of symptoms of pain varied from a few weeks to twenty months.

The evidence appears to me to confirm the view of Dr. Althus that the *materies morbi* of influenza resembles the syphilitic virus in its tendency to attack many parts of the nervous system after the attack is over, but surpasses the syphilitic toxine in virulence and in rapidity of action. Dr. Althus (*The Lancet*, November 14 and 21, 1891) has adopted the deductive method in his reasoning. Starting from certain probabilities, he has worked out the problems of the effects of the *materies morbi* if it should specially attack certain areas of the central nervous system. He concludes that the different forms of influenza are due to irritant poisoning of the bulb and the nerve nuclei contained in it. Adopting a converse method, that of logical induction, and taking my arguments alone from personal experience, I have arrived at a similar conclusion to Dr. Althus in so far as the proposition is concerned—that the virus of influenza especially affects the nervous system. Leaving the question of the acute and early manifestations, however, which I agree with Dr. Althus in considering to be due to involvements of certain areas in the medulla oblongata, it appears to be most probable that the consequent phenomena are better to be explained by inflammatory changes in certain peripheral parts of the nervous system. In regard to the *visceral neuralgia*, the hepatalgia, the gastralgia, and cardialgia, there are signs of localization and, in some instances, of local tenderness that point to a local cause. In some such it seems probable that the

sympathetic fibers and ganglia are alone affected. In other cases, as in those in which there seems to be temporary arrest of the heart's action, retching, vomiting, and various disturbances of digestion, it is most probable that the vagus is involved in greater or less degree; but here also the effects might be due to peripheral irritation. In the sensori-motor manifestations it can scarcely be possible to avoid the conclusion that there is in existence a form of neuritis analogous to that which is caused by many other toxines. The conclusion, therefore, which I have come to is that the various affections I have briefly described are the remote consequences of the influenza infection, and that their proximate cause is a peripheral neuritis affecting the sympathetic ganglia and nerves, the vagus, and the sensori-motor nerve trunks.

#### THE PHYSIOLOGY OF GASTRIC DIGESTION.

The foundations of our knowledge of the physiology of gastric digestion were undoubtedly laid by careful study of the historical case of gastric fistula by Dr. Beaumont—the case of Alexis St. Martin. Animal experimentation and the test-tube reactions of the laboratory cannot be compared in accuracy to observations made directly upon the living human organism, when these rare opportunities arise which permit of such a study. Then, too, it may happen that a considerable rectification of current physiological doctrine has to be made, and the laboriously gathered results of many observers have to be replaced by those made upon a single case. Much depends, then, upon the skill and thoroughness with which the study of the processes in the human subject are undertaken. It must be admitted that these qualities are conspicuous in the recently published record of a study of the chemical processes of the small intestine by Drs. McFadden, Nencki, and Sieber. The subject of their researches was a female patient under the care of Prof. Kocher, in whom an intestinal fistula had resulted

from excision of a portion of gangrenous intestine due to strangulated hernia. The false anus was situated in the ileum just above the ileo-cæcal valve, so that the materials escaping thereby were wholly composed of the chyme which had passed through the whole length of the small intestine. For a period of nearly six months the woman lived under these conditions, permitting of a long series of observations relative to the time and character of intestinal digestion under varying forms of diet, etc. At the end of that time Prof. Kocher reestablished the natural channel by means of an operation which proved perfectly successful. It may be remarked at once that during the whole period when there was practically no large intestine the patient gained in weight, and, as the urinary analysis showed, eliminated a fairly normal quantity of urea.

The procedure consisted in adapting a flexible tube to the fistulous outlet, so as to collect all the material that escaped, and to note its characters under varying circumstances. In consistency this "chyme"—if it may be so termed—was more fluid and diarrhœal when the diet was albuminous than when it was mainly of a vegetable nature. It was seen that the flow of chyme from the small into the large intestine is steadily continuous, being least marked during the night, owing to no food being then taken; and by some ingenious experiments (*e. g.*, the addition of hard beans to the food, or of salol, which allowed of the detection of salicylic acid in the matters escaping) it was shown that the passage of foods from mouth to cæcum occupies at the least two hours; but all traces of the substances introduced did not disappear from nine to fourteen or even twenty-three hours. The rate of flow, of course, bears much relation to the consistency of the intestinal contents. As regards the nature and properties of the evacuated materials, it is noticeable that they were almost free from odor, containing hardly any products of albuminous disintegration, such as indol and sulphuretted hydrogen; they were slightly acid in reaction, tinged yellow

by bilirubin, and, according to the predominance of flesh or starchy matter in the food, showed muscle fibre, albuminous granules, vegetable fibres, starch granules, etc., and invariably a large number of various forms of bacteria. The filtrate yielded albumen, mucin, peptone, dextrose, the two forms of lactic acid, and the biliary acids and bilirubin.

The authors enter very fully into the characters of the bacteria they find, many forms being special to the small intestine, others existing also in the mouth; but, passing over these, which would entail a full description to be intelligible, we may glance at the main results of their researches, which somewhat modify accepted physiological teachings. One point of interest is the fact that albumen is hardly, if at all, decomposed in the small intestine. Even the action of the tyrosin of the pancreatic juice is small, for leucin and tyrosin were not to be found. Probably, in health, albuminous disintegration takes place chiefly in the large intestine, and it is only in disease that it occurs in the stomach or small intestine. Amongst the products of such decomposition are iodol, skatol, phenol, sulphuretted hydrogen, carbonic acid, methylmercaptan, etc., all of which may be regained from the large intestine. The bacteria of the small intestine are concerned in the disintegration of the carbo-hydrates into lactic, acetic, and succinic acids, and also into ethylic alcohol. The authors, in noting this last-named fact, cannot avoid a thrust at the total abstainers. It is generally believed that the chyme is rendered alkaline by the secretion of the small intestine, but they find that, owing probably to the reinforcement of gastric acidity by the organic acid resulting from sugar, the total quantity of acid is more than can be neutralized by the bile, pancreatic, and intestinal juices. If, however, the alkalinity of these fluids be diminished, the intestinal contents are hyper-acid, and mucin is precipitated instead of being intermingled with the chyme. This explained the diarrhœal quality of the evacuations noted to be associated with a large

amount of sugar and organic acid in the chyme. On the other hand, an excess of alkalinity favors putrefactive decomposition, the acids apparently holding in check the bacteria concerned in albuminous disintegration. A marked contrast in this respect was exhibited between the small and large intestine. Putrefactive bacteria could hardly be at all isolated from the former, whilst they abounded in the latter; but this is not owing to the influence of bile, which Nencki showed to have no real antiseptic property. The part played by bacteria in intestinal digestion is limited probably to the fermentation of sugar and carbo-hydrates generally, the excess of acid resulting from this fermentation being neutralized by the alkaline intestinal juice. But, much as bacterial life abounds in the intestinal canals, varying according to the kind and quality of the ingesta, it does not appear that the processes initiated by these organisms are of such value or importance in nutrition as the chemical ferments. Certainly the patient who was the subject of these observations gained in flesh, although for six months she was deprived of all the bacterial processes that go on in the large intestine.—*Lancet*.

#### ABORTIVE TREATMENT OF PNEUMONIA.

Moliner (*Independencia Medica*, December 24, 1891) says that, having regard to the microbic origin of pneumonia, it is reasonable to suppose that the disease can be aborted by treatment which can arrest the local evolution of the pathogenic culture. On account of the rapid development of the pneumonic infection such treatment can be advantageously applied only within the first forty-eight hours of the illness. The well-known fact that cultures lose their activity and virulence under the influence of a low temperature suggests local refrigeration of the lung by the application of ice to the affected part and by the inhalation of cold air as a rational method of treatment. Clinical evidence in support of this is afforded by Lees' statistics. An essential adju-

vant to the treatment by cold is pulmonary antiseptics secured by inhalations of "balsamic essences;" and in combination with these oxygen, which is antagonistic to the pneumococcus, acts as a powerful antiseptic. As acid substances are also antagonistic to the pneumococcus, it must necessarily be of advantage that the exudations, the inspired air, and all that surrounds the micro-organism should be as acid as possible.

On these grounds Moliner proposes the following "specific abortive" method of treatment for pneumonia within forty-eight hours of its onset: (1) The application of ice to the spot where the physical signs indicate commencing pneumonia; (2) frequently repeated or almost continuous inhalations of cold air, oxygenated to the extent of one-third and saturated with balsamic essences; (3) rectal injections of sulphuretted hydrogen, sprays of acetic or lactic acid, perhaps inhalations of hydrofluoric acid, and alcohol in small doses.—*Supp. British Med. Journal*.

#### THERAPEUTIC USES OF METHYLENE BLUE.

Constantin Paul (*Sem. Méd.*, December 30, 1891) says Desnos' experiments with methylene blue in cases of locomotor ataxy have shown that patients can without inconvenience take as much as thirty centigrammes of the drug daily, and that even when it was given in smaller doses the urine was intensely colored. C. Paul himself found that a dose of ten centigrammes colored the urine till the third day. After a dose of five centigrammes the urine was still colored on the following day, and even to a slight degree on the day after. Gradually lessening the dose, he found that after two centigrammes the urine was distinctly colored, and had not entirely regained its normal appearance the next day.

Methylene blue being absolutely harmless, C. Paul thinks its administration affords a reliable means of satisfying oneself whether patients are taking the remedies prescribed for them, which may be of practical use in prisons, lunatic asylums, etc. He further hints

that the drug may also be employed by way of "suggestion" in order to convince neurotic patients of the efficacy of the treatment which they are undergoing, and as a useful *placebo* when the practitioner wishes to try the expectant method without taking the patient or his friends into his confidence.—*Supp. British Med. Journal.*

#### SALICYLATE OF SODA IN PLEURITIC EXUDATION.

Dr. Oerl (*Medizinal Zeitung*) has, during the past five years, treated nine similar cases of pleuritic effusion with salicylate of soda, after other remedies, such as phenacetin, pilocarpine, etc., had failed, and with the exception of two instances the results were favorable. In these two the resorption was only partial. The author concludes:

1. Serous pleuritic exudations of long standing may be removed by the administration of the salicylate of soda.

2. The salicylate has in exudative pleuritis, just as in polyarthritis, an apparently specific effect.

3. The fact that, so far as experience with this remedy has gone, no new collection of fluid is observed, makes surgical interference in serous pleuritic exudation not only not imperative, but, indeed, puts operative procedures in the background.—*N. Y. Med. Record.*

#### EXALGINE.

From a study of the analgesic properties of exalgine made by Dr. Désiré, at the Hôpital Lariboisière, the conclusion was drawn that, aside from any antithermic action, the product is an admirable specific against pain. It was employed in a great variety of apyretical affections with uniform success. The dose of twenty-five centigrammes, or about four grains, was found sufficient for most cases, but it can be pushed to double or treble this quantity, though as much as a grain is scarcely ever necessary. If medicine rarely cures, it should at least always console, and sometimes relieve, and with exalgine the author thinks great relief can often be given.—*N. Y. Med. Record.*

### Miscellany.

#### HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending February 12, 1892:

WARD.	Measles.		Scarlet Fever.	Whooping Cough.		Diphtheria.		Croup.		Typhoid Fever.	
	Cases.	Deaths.	Cases.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....	1		5			1					
2.....	5					4	1			1	
3.....			2	1		1					
4.....			1			2					
5.....	1										
6.....	2					1	1				
7.....			1								
8.....						1					
9.....			1								1
10.....	3										
11.....						2	1				
12.....						6					
13.....						2					
14.....						1				1	
15.....	1			1		1					
16.....						4	1				
17.....			1								
18.....	1										
19.....											
20.....	1		1			2					
21.....											
22.....			1			1	1				
23.....				1		1	1				1
24.....											
25.....			5	2							
26.....	3		1			3		1			
27.....	1		1							1	
28.....			1	2		3				1	
29.....			1								
30.....			1	3		1					
Public Institutions.....											
Totals.....	19		23	1	9	37	6	1		4	2
Last week.....	14		41	1	6	27	4		1		4

#### Mortality Report for the week ending February 12, 1892:

Diarrhoea.....	1
Diphtheria.....	6
Influenza.....	7
Scarlatina.....	1
Typhoid Fever.....	2
Other Zymotic Diseases.....	4—21
Cancer.....	4
Phthisis Pulmonalis.....	14
Other Constitutional Diseases.....	7—25

Apoplexy.....	4
Bright's Disease.....	6
Bronchitis.....	7
Gastritis—Gastro-Enteritis.....	3
Heart Disease.....	8
Liver Disease.....	3
Meningitis.....	3
Nephritis.....	3
Peritonitis.....	2
Pneumonia.....	15
Other Local Diseases.....	19—73
Deaths from Developmental Diseases.....	13
Deaths from Violence.....	2
Deaths from all causes.....	134
Annual rate per 1,000.....	23.22
Deaths under 1 year.....	25
Deaths between 1 and 5 years.....	22—47
Deaths during preceding week.....	125
Deaths for corresponding week of 1891.....	120
Deaths for corresponding week of 1890.....	115
Deaths for corresponding week of 1889.....	114

J. W. PRENDERGAST, M.D.,  
Health Officer.

#### MEDICAL EDUCATION IN TURKEY.

There are five medical schools in the Turkish Empire—one at Constantinople, one at Cairo, one at Aintab in Northern Syria, and two at Beyrout, one of the latter being Protestant and the other Roman Catholic. Only the Constantinople and Cairo institutions possess the right of granting licenses to practice; the other three, which are in the hands of missionaries, can only give certificates of study, candidates having to go to Constantinople to be examined. A diploma conferred by the Cairo school gives only the right to practice in Egypt; if a physician who has obtained a diploma at Cairo wishes to practice in other parts of the Turkish Empire, he must pass a further examination at Constantinople. The medical school of Constantinople was founded in 1883, and until now has educated some fourteen hundred practitioners. The teaching staff comprises twenty professors, and the curriculum is of six years. The Protestant medical school of Beyrout has been in existence about twenty-two years, during which time it has educated 105 practitioners. There are six professors, and the length of the curriculum is four years. The other two schools are organized on a similar basis.—*Medical News*.

#### OHIO HEALTH BULLETIN.

Infectious Diseases reported to the Ohio State Board of Health in 51 cities and towns during the week ending February 12, 1892.

		Cases.	Deaths.			Cases.	Deaths.
<i>Diphtheria:</i>				<i>Typhoid Fever:</i>			
Cincinnati.....	37	6		Cincinnati.....	4	2	
Cleveland.....	12	3		Cleveland.....	2	1	
Columbus.....	9	1		Columbus.....	2	2	
Elmwood Place.....	1			Fostoria.....	2		
Greenville.....	1			Leetonia.....	1	1	
Lancaster.....	2			Norwalk.....	1	1	
Lima.....	1			<i>Scarlet Fever:</i>			
Mansfield.....	1			Akron.....	5		
Ravenna.....	1			Bellefontaine.....	2		
Sandusky.....	1	1		Cincinnati.....	23	1	
Springfield.....	2			Cleveland.....	5	1	
Swanton.....	2	1		Columbus.....	10		
Toledo.....	3	1		Coshocton.....	7		
West Milton.....	3			Dalton.....	3	1	
<i>Measles:</i>				Elmwood Place.....	1		
Cincinnati.....	19			Greenville.....	5	1	
Cleveland.....	5			Lancaster.....	6		
Garrettsville.....	2			Lima.....	1		
Greenville.....	3			Logan.....	1		
Lima.....	4			Lorain.....	1		
Madisonville.....	1			Madisonville.....	2		
Springfield.....	1			Mansfield.....	5		
Toledo.....	1			New Lexington.....	1		
<i>Whooping-Cough:</i>				New Lisbon.....	1		
Akron.....	3			Newton Falls.....	1		
Cincinnati.....	9			New Washington.....	4		
Elmore.....	4	1		Portsmouth.....	2		
Leetonia.....	2			Springfield.....	2		
New Lexington.....	10			Toledo.....	3		
Sidney.....	9			Wellston.....	5		
				Woodsfield.....	5		
				Wooster.....	2		
				Wyoming.....	1		

No infectious diseases reported to health officers in 15 towns.

C. O. PROMST, M.D., Secretary.

#### THE PAN-AMERICAN MEDICAL CONGRESS.

The Pan-American Medical Congress that will assemble in Washington in the first week of September, 1893, will, in all respects, be an occurrence of extreme interest and importance to the medical profession of the United States, and of all the countries associated in the movement. It is fortunate that a period has been chosen that will in no way conflict with the meeting of the International Congress at Rome, in the same year. From the latest authentic information as to its exact date, the



latter meeting will occur in the last week of September. This is, indeed, quite as early a date as would commend itself for a large meeting in Rome. It will enable those that desire to attend both of these congresses, and to visit the World's Fair, at Chicago, which promises to be of so much interest and importance, to do so without difficulty, whether they come to this country from Europe, or are members of the profession in the United States. For the physician and scientist we believe the World's Fair will be found to have more importance than any previous similar exhibition.

It is evidently in the interest of the Congress that it should be held in the City of Washington. Careful examination of the Meteorological Reports show that the first week of September is usually more cool and agreeable than later in that month. Experience has shown also, we believe, that large scientific meetings occurring in any city where a World's Fair is in operation lose much of their importance and success by being dwarfed in comparison with the great exhibition.

It seems to us of undoubted importance that the entire profession of the United States should cooperate in rendering this Congress as successful as possible. Our interest in the International Congress is, of course, genuine, but it is exclusively from a scientific standpoint. We confidently expect that when next the International Congress comes to this country it will achieve a success as brilliant as any it has yet attained; but the Pan-American Congress appeals to us not only from the scientific standpoint, but also because it holds out distinct prospects of the most important results following from closer relations of reciprocity between the various countries that will be represented in it. It is most desirable that closer relations shall be formed between the members of the medical profession throughout the entire American continent.

It is true that in the past a comparatively small number of students have come to our leading schools from the South American countries or from

Canada. We believe this has been largely because the standard required in our schools and the facilities and equipment provided have not been such as to commend themselves in contrast with the schools of Europe and Great Britain. But, fortunately, just at this time it has been decided that a compulsory four years' course of medical study shall be required at a number of our leading schools, and important improvements also are being made in all the facilities for instruction. There can be little doubt that, if the Pan-American Medical Congress is made as great a success as it should be, all the great schools, from New York to Illinois, will derive valuable results in the form of steadily increasing numbers of desirable students from Canada and the South American countries.—EDITORIAL, *Med. News*.

#### A SCHOOL-BOY'S COMPOSITION ON BONES.

The following composition was actually written for a school exercise, and is so amusing and bright that it was handed me by the teacher (*Science News*). The writer is not a member of the Agassiz Association, but ought to be.

##### BONES.

Bones are the framework of the body. If I had no bones in me I should not have as much shape as I have now. If I had no bones in me I should not have so much motion, and grandmother would be glad, but I like to have the motion. Bones give me motion because they are something hard for motion to cling to. If I had no bones my brains, lungs, heart and large blood-vessels would be lying around in me and might get hurt, but now the bones get hurt, but not much unless it is a hard hit. If my bones were burned I should be brittle, because it would take the animal out of me. If I was soaked in an acid I should be limber. Teacher showed us a bone that had been soaked. I could bend it easily. I would rather be soaked than burned. Some of my bones don't grow close to my body, snug, like the branches of a tree, and I am glad they don't, for if they did

I could not play leap frog and other nice games I know.' The reason why they don't grow that way is because they have joints. Joints is good things to have in bones. There are two kinds. The ball and socket, like my shoulder, is the best. Teacher showed it to me, only it was the thigh bone of an ox. One end was round, smooth and whitish. That is the ball end. The other end was hollowed in deep. That is the socket, and it oils itself. It is the only machine that oils itself. Another joint is the hinge. Another joint is the hinge joint, like my elbow. It swings back and forth and oils itself. It never creaks like the school-room door. There is another joint that don't seem like a joint. That is in the skull. It don't have no motion. All my bones put together in their right places make a skeleton. If I leave any out, or put any in their wrong places, it arn't no skeleton. Cripples and deformed people don't have no skeleton. Some animals have their skeletons on their outside. I am glad I ain't them animals, for my skeleton like it is on the chart would not look well on the outside.—*Weekly Med. Review.*

#### MORTALITY CAUSED BY WILD ANIMALS IN INDIA.

The mortality caused by wild animals in 1890 (*Indian Med. Gazette*) was considerably less than in the previous year, being a total of 2,460 against 2,724. The number of deaths in Bengal was 1,321; in the Central Provinces, 368; in the Northwest Provinces, 228; in Assam, 201; Madras, 196, and the Punjab only thirty-one. Tigers and leopards accounted for the loss of 798 lives, and wolves eighty-seven. Returns, more or less doubtful, state that 64,500 cattle were destroyed by wild animals. A marked decrease has taken place in the number of wild animals destroyed, as the total for the year was only 14,604 against 17,638 in 1889. The amount paid as rewards in Madras fell off from Rs. 44,731 to Rs. 25,834. The total number of licenses held for this purpose was now 59,440. The total number of persons killed by snakes was

21,412 as compared with 22,480 in 1889; Bengal and the Northwest Provinces accounting respectively for 10,534 and 5,798 of these deaths. The number of snakes destroyed is returned as 510,659, of which four-fifths are said to have been killed in the Bombay Presidency.—*Times and Register.*

#### ABOLITION OF ELECTRICAL EXECUTION.

Every enforcement of execution by electricity emphasizes the objection to the method. The promises made by scientific executioners that murderers shall be despatched speedily, painlessly and pleasantly have fallen so far short of realization that the expected reactionary process from the outraged public shows itself in the attempt to repeal the present cruel law.

Thus far every attempt at perfecting the abominable means to the horrifying end has been a failure, and it is high time to call a halt in the revolting experimentation enacted at every execution. All the victims have been killed, it is true; but how? In every case repeated strokes were necessary, with torturing intervals for discussion and disputation among the scientific experts—the grim tussle with death timed by stop-watches while the victim is writhing between scorching electrodes. The details of this dreadful business transcend in cool brutality anything that can be imagined, and yet we are assured that this is the new and approved way of doing the victim to death. How long must these sickening experiments continue before a repeal of the obnoxious law is possible? If we must have capital punishment let it be at least humane in its execution. A strong rope is always sure, is easily worked, and appeals to a higher civilization as well as to the ordinary necessities of the most primitive community.—*N. Y. Med. Record.*

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34—Pages Reading Matter in this Issue—34

THE CINCINNATI

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## CONTENTS.

See Advertising Page v.

## TO OUR READERS.

All communications for the Editors should be addressed to them, care of Lancet-Clinic office. All business matters should be referred to, and all checks, drafts and money orders made payable to

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See Advertisement "VIN MARIANI" on Insert page viii.

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Whole Volume LXVII.

## Original Articles.

### HYPERTROPHY OF ADENOID TISSUE AT VAULT OF PHARYNX.

Abstract of Remarks made before the Academy  
of Medicine, January 18, 1892,

BY

A. B. THRASHER, M.D.,  
CINCINNATI.

I desire to call your attention this evening to a condition which, while recognized and minutely described by Meyer, of Copenhagen, a quarter of a century ago, has in this community as yet failed to attract sufficient attention from the family physician. While at times the hypertrophy in this region seems to be mostly of the glandular tissue, Luschka's, the pharyngeal, or the third tonsil, yet, again, in other specimens but few glandular elements are found, the growth partaking more of the nature of lymph tissue; large masses of lymph cells bound loosely together by connective tissue stroma. At times the growth is firm and smooth, the interstitial connective tissue being abundant; in another specimen the lymphoid cells are but poorly bound together and break down easily. While the appearance of the growths in different cases varies so much as to hardly justify Woakes in dividing them into two general classes, viz.: hypertrophies of Luschka's tonsil, and lymphoid papillomata of the naso-pharynx, yet for clinical purposes I think the older term of adenoid vegetations preferable, although probably not more accurate.

Age is by all means the most prominent causative factor in this disease, it

appearing most frequently between the ages of five and ten. It is not unfrequently seen in younger children and infants, and is more rarely met with in adults. There is a normal atrophy of this tissue at puberty, so that even without treatment it shrivels up and disappears, in a large majority of cases, with advancing years. The acute infectious diseases, more notably measles and scarlet fever, seem to predispose to this trouble. Not unfrequently does the growth manifest itself after one of these affections where there had been no previous symptoms of trouble in this region. Chronic inflammations of the naso-pharynx, or conditions which give rise to these, will promote the growth of this tissue. Over-heated apartments, the breathing of dry, hot air, the constant inhalation of irritants, anything promotive of irritation or inflammation of this region may cause the adenoid hypertrophy. It is doubtful whether heredity enters into the etiology. A scrofular or tubercular diathesis has been thought to promote this growth, but my experience agrees with the large majority of observers, in not recognizing any connection between these conditions.

When there is present in a child ear disease or mouth-breathing, the post-nasal region should be examined. Adenoid growths are a most prolific cause of middle ear disease. The tissue pressing on the pharyngeal orifice of the Eustachian tubes shuts the opening and gives rise to a formidable chain of ear symptoms—suppuration of middle ear, aural polyps, chronic catarrh of middle ear, mastoid abscess, loss of hearing, etc. The ear symptoms, when once excited, do not always disappear on the removal of the vegetations. The longer the ear affection has been pres-

sent the more uncertain the prognosis. Yet I have seen a brilliant improvement of hearing after the removal of adenoid hypertrophies from a patient twenty-one years old, where the history of the case pointed to the presence of the growth for fifteen years or more.

The post-nasal obstruction usually gives rise to more or less mouth breathing. This imparts a bad expression to the child, a vacant stare, stupid look; excites disease of mouth, throat, and lungs, causing snoring and imperfect articulation. These children are much more subject to all lung and throat diseases, as pneumonia, bronchitis, phthisis, laryngitis, pharyngitis, tonsillitis, etc. The voice has a dead sound and a nasal twang, and some letters cannot be pronounced. A muco-purulent discharge is frequently present, manifested in throat, or nose, or both. These little sufferers are frequently brought to me with the ready-made diagnosis of "catarrh." These children are, for obvious reasons, usually poorly nourished and anæmic. They get the credit in school of being dull scholars with bad memories. They have trouble in concentrating their minds on their lessons, and are frequently punished for inattention, when the fault is due to imperfect hearing. At night they snore, are restless, and at times start suddenly as if in affright from sleep.

The diagnosis is easily made by the finger. The forefinger, properly protected, can easily and quickly be inserted through the mouth behind the velum palati and the presence and character of the growth determined. The rhinoscopic mirror can at times be used, although in many cases it is difficult to advantageously see this region in young children. There is frequently present, as a complication, enlarged faucial tonsils and posterior hypertrophies of the lower turbinates.

When the condition is recognized, what course of treatment should be pursued? Since the tissue, as a rule, atrophies more or less completely at puberty, it has been suggested, that unless there is present positive danger, it is better to do nothing, or, at most, to

adopt measures for temporary relief. This is certainly bad, even dangerous, policy. The ear affliction may become permanent. A chronic suppurative otitis media may be induced which will not disappear, though the tissue thoroughly atrophies at puberty. Long impairment of articulation may permanently affect the speech, and a very disagreeable fault of pronunciation be continued throughout life. The child is unduly and unnecessarily exposed to dangers from diseases of the throat and respiratory organs. Then the only rational treatment is removal of the diseased tissue as soon as its presence is recognized. Since the operation is a very bloody one, I think chloroform should be used in patients under fourteen years of age. Occasionally one will be found that will allow you to operate after the use of cocaine, but complete anæsthesia gives the operator a better chance to completely remove all the diseased tissue at one time. When there is present enlargement of turbinates, I remove the redundant tissue, so as to render the nasal cavities patulous at the same time. If there is hypertrophy of faucial tonsils I remove them before attacking the adenoid tissue. On account of the profuse hemorrhage I always operate with the head forcibly extended, and dropped below the level of the body, so that the blood can not run into the trachea or down the œsophagus. I use the Lœwenberg or Woake's forceps with different forms of curettes. Much of the tissue can be broken down with the finger-nail. Whatever instrument is used care should be taken not to injure the normal parts, especially the orifices of the Eustachian tubes and the uvulva. The finger is probably the best guard when operating under a general anæsthetic. I generally use chloroform, as children bear the drug well, and the administration is much more pleasant than ether. As the operation is short, usually from two to five minutes, not much chloroform is required, and not a very profound anæsthesia is desired.

When the tissue is soft, and easily broken down, and there is but little of it, I sometimes break it all down and scrape the vault when I make my first

examination, before withdrawing my finger. If the child can be easily examined with the mirror, and does not get frightened at the sensation of cocaine, a small adenoid growth can be removed by forceps or with a guarded galvano-cautery point, without resorting to general anæsthesia. In babies the finger-nail and no anæsthetic is the rule. In adults cocaine is all that is required. The adenoid tissue itself is not at all sensitive, but there is always some injury to the adjoining structures.

When the tissue is all removed, or thoroughly crushed, it is not likely to recur, although at times there is an apparent re-growth. For the accompanying nasal stenosis I use my nasal curette, and for enlarged faucial tonsils the Mackenzie tonsillotome.

My method of operating does away with some dangers which have with others occurred. The blood can not run down into the larynx, and there is no danger from a clot of blood in the chink of the glottis.

I do not find it necessary to have light for the operation, the previous examination of the case, and the sense of touch, giving sufficient information.

I have a few times attempted, at the instigation of parents who feared chloroform, to make the operation while they held the child in their lap. The shock to the child's nerves from the operation is much more to be feared, in my judgment, than the evils of chloroform.

There are certainly cases, the presence of the growth being accidentally discovered, where no bad effects are to be observed, in which cases I should advise no operation, preferring to assist the normal atrophy at puberty. But where there are ear symptoms, mouth breathing, or defects of speech, with adenoid hypertrophy, the adenoid tissue should always be removed.

[FOR DISCUSSION SEE P. 272].

#### FISSURES OF THE TONGUE.

The following (*Le Bulletin médical*, No. 90, 1891) is praised:

℞ Carbolic acid, gms. 2.5 (℥xxxviiij).  
Tr. iodine, }  
Glycerine, } aa gms, 12.5 (℥.3iijs).

—[Pritchard.]

## Correspondence.

### THE BACILLUS OF INFLUENZA.

FOREIGN CORRESPONDENCE FROM DR.  
F. J. THORNBURY.

BERLIN, January 28, 1892.

*Editors Lancet-Clinic:*

Dr. R. Pfeiffer, assistant to Professor Koch at the Institute for Infectious Diseases here, has made detailed and accurate bacteriological investigations in thirty-one cases of influenza, six of which afforded post-mortem observations. The following are his results:

1. In all cases a certain form of bacillus was found in the characteristic purulent bronchial exudate. In pure cultures from all uncomplicated cases of influenza the presence of this bacillus was established and in most instances myriads of the bacilli were present. Very frequently they were situated within the protoplasm of the pus corpuscles. In patients attacked with influenza who had previously been suffering from some affection of the respiratory apparatus, for instance tuberculosis with excavation, other organisms were found in the expectoration in diffuse numbers. From the bronchi the bacilli may penetrate into the peri-bronchial connective tissue, and they may even succeed in reaching the visceral layer of the pleura, where they were found in pure cultures in two cases upon which autopsies were made.

2. These organisms of rod shape are found in cases of influenza exclusively. A vast number of control experiments established the fact that they were not present in ordinary cases of bronchitis, bronchial catarrh, pneumonia and phthisis.

3. The number and presence of the bacilli are in direct relation to the course of the disease; with the subsidence of the purulent bronchial secretion the bacilli also disappear.

4. The same bacilli in the same vast numbers occurring in the sputum

of patients affected with influenza were observed and photographed by Pfeiffer two years ago when the disease first became epidemic.

5. The influenza organism is a rod-shaped bacillus of very diminutive size, having about the same thickness, but is only half as long as the mouse septicæmia bacillus. Frequently three or four bacilli succeed one another in the field in regular order, forming a sort of chain. With the basic aniline dyes there is considerable difficulty in staining these organisms. A better preparation is found in diluted Liehl solution with Löffler's methyl blue. Staining by this method, it will be observed quite frequently that the end pole of the bacillus takes up the coloring matter to a much greater extent, so that an appearance is presented which may be easily confounded with diplo- or strepto-cocci. It may in fact be accepted that one of the previous observers, who also saw this bacillus described by Pfeiffer, by reason of this peculiarity of staining, was deceived, and erroneously designated the germ diplococcus in his writing. The bacilli are not susceptible of staining by Gram's method. In hanging drop they have no motion.

6. They are permissible of maintenance in pure cultures. In 1½ per cent. sugar-agar the colonies appear as exceedingly minute watery drops, often recognizable only by means of the "Lupe." The further propagation of the germ in this medium is attended with difficulty, and beyond the second generation Pfeiffer has not been successful.

7. A number of attempts have been made to produce the disease in the lower animals; apes, rabbits, guinea-pigs, rats, doves and mice have been inoculated. These attempts have been successful only in case of apes and rabbits. The remaining species manifest a refractive tendency toward the disease.

8. In accordance with the foregoing facts, Pfeiffer maintains that the herein described bacillus is to be accepted as the absolute cause of influenza.

9. The infection takes place in all

probability through the bacteria-laden sputum, and therefore as a prophylactic precaution the expectorate of all influenza patients must be thoroughly disinfected.

Kitasato has been successful in cultivating the influenza bacillus in sugar-agar to the fifteenth generation. In presenting the subject before the Berlin Medical Society at their last meeting, Kitasato preceded his remarks by stating: "It is surprising that such a long time should have elapsed before the specific infectious cause of influenza was found, considering the comparatively long time that the disease has prevailed, the vast endemic and epidemic proportions which it has assumed, and the numerous and widespread investigations which have been instituted." The explanation, according to Kitasato, lies in the extreme difficulty in cultivating the bacillus. It is self-evident, that without securing pure cultures a bacteriologist cannot arrive at definite conclusions with a newly-encountered pathogenic organism.

The difficulty in obtaining pure cultures from the sputum is dependent upon the multiple contamination with bacteria from the mouth and elsewhere. By reason of the luxurious and rapid growth of these bacteria in our ordinary artificial culture mediums the especially sought for germ is completely overgrown and covered up. The greater the probability of this taking place is in proportion to the slowness of development in the colonies formed by the germ under consideration. This outgrowth by the organisms is well known in case of the tubercle bacillus. In order to obviate this difficulty encountered in obtaining permanently pure cultures of the tubercle bacilli from the sputum direct, Koch has not as yet made public any method by which he has during these many years been repeatedly successful. Notwithstanding repeated efforts the same has been the experience of Kitasato in case of tubercle; and also as regards influenza, Kitasato has not as yet made known the method by which he has been successful in obtaining pure cul-



tures of the influenza bacillus, but he promises very soon to do so.

In regard to the characteristics of the bacillus his observations correspond exactly with those of Pfeiffer.

On glycerine-agar in tubes coagulated obliquely the individual colonies appear over the surface as exceedingly small, during the first twenty-four hours scarcely conceivable points resembling condensed vapor, so that macroscopically an inoculated tube is with difficulty distinguished from one sterilized. As stated previously, the individual colonies are so exceedingly small and infinitely indistinct that they may be easily overlooked, and such probably has been the ill luck of many former investigators. One of these small colonies transferred to a fresh agar tube leads to the development of a multiplicity of colonies recognizable on the moist surface of the agar. Especially striking in the same is the fact that the separate colonies remain isolated from each other, not aggregating and forming a connected covering over the surface, as do all other forms of bacteria in cultures. *This isolated growth on agar is so characteristic* that the influenza may be recognized from all other forms of bacteria.

In gelatine the germ cannot be cultivated, as below 28° C. (the coagulation point of gelatine) it does not grow.

In bouillon it grows scantily. In the first twenty-four hours one recognizes swimming in the bouillon white, crumbly particles, the bouillon itself remaining perfectly clear. Later these small particles sink to the bottom and form there a white flocculent clump. The bouillon above still remains clear, an evidence that the bacilli are devoid of motion.

Kitasato has for a long time been examining tubercular sputum and made accurate microscopic and culture study of all micro-organisms found in association with the tubercle bacillus. The sputum of pneumonia and bronchitis cases has also been examined accurately and extensively, but at no time has this "so exceedingly characteristic and easily recognizable bacillus" been seen

excepting in cases of influenza. There can be no question as to the correctness of Kitasato's observations. He demonstrated his remarks by exhibition of *pure cultures* to the fifteenth generation. Kitasato has been with Koch for a number of years, and is a most careful and ingenious worker. His brilliant success as the first one to isolate and propagate the tetanus bacillus is well known.

P. Cannon, in examining the blood per stained preparation in twenty consecutive cases of influenza, found a particular form of micro-organism present in each instance. The examinations were conducted in the following manner: The patient's finger is punctured in the usual manner after the usual preliminary cleansing and aseptic precautions. The drop of blood which oozes is taken up on a very thin cover-glass, over which another is laid, and the two then pulled suddenly apart. The cover-glasses are then allowed to dry, after which they are laid in absolute alcohol for five minutes; they are next placed in a coloring solution of the following composition (Czenynke's fluid): concentrated aqueous methylene blue solution, 40 grams;  $\frac{1}{4}$  per cent. eosin solution (in  $\frac{1}{10}$  per cent. alcohol) 20 grams; aq. dist. 40 grams. In this solution the cover-glasses are placed in the culture chamber at 37° C. and here allowed to remain for three to six hours. They are then washed out in water, dried, and mounted in Canada balsam. In the blood preparation thus made the corpuscles are stained red while the bacilli have a contrasting blue color. Sometimes a great number of bacilli are present, again there are only a few (four to twenty perhaps in the entire field), and these are scattered, and seen only after continued searching. At first they appear as diplococci; soon, however (especially easily when deeply colored), they will be recognized as short rods. In six cases Cannon found these bacilli in the preparation of blood in numerous large groups containing from three to fifty bacilli each and presenting a very characteristic appearance. The blood was obtained in these six cases during

the temperature elevation or very soon after its decline. In three of the cases there was no further rise of temperature, and in six days there were no bacilli to be found.

In a patient of Professor Guttman's where the diagnosis was doubtful, Cannon was able to state positively by examination of the blood that the case was one of influenza. Also in other cases were the bacilli found in the blood, and even in great numbers where no local symptomatic evidence was present, especially cough and expectoration. In accordance with his investigations, Cannon is of the opinion that this organism occurs in the blood in all cases of influenza—at least in all cases attended with fever; that it is not found in the blood of other cases, and that it stands therefore in direct causative relation to the disease. Koch himself examined the blood preparations made by Cannon and pronounced the bacilli found in them identical with those found by his assistant Pfeiffer.

Last November, Lawrence demonstrated in Professor Nothnagel's clinic at Vienna a micro-organism found in the sputum of patients suffering with influenza. The organism was a coccus and resembled the Fränkel-Weichselbaum diplococcus of pneumonia, excepting that it was much smaller. It took the Ziehl stain and appeared under the microscope as an ordinary streptococcus. Sometimes a dozen or more of these organisms would be seen in the cells of the bronchial exudate forming a quite perfect chain. They seemed to multiply with great rapidity, and were found in the blood. Especially in case of high temperature range were they numerous. Lawrence regarded the germs as of an especially virulent disposition, and pathogenic. He stated that we might, with a reasonable degree of certainty, accept them as the cause of the disease. The reason of their appearing as diplococci is sufficiently explained by the peculiarity of staining to which Pfeiffer directs attention.

FRANK JAY THORNBURY.

63 Kloster Srasse.

## THE JOHNS HOPKINS UNIVERSITY.

LETTER FROM DR. MARY E. OSBORN.

BALTIMORE, MD.,  
February 10, 1892. }

*Editors Lancet-Clinic:*

The progress of medical education in this country in the last decade has been marked by the number of post-graduate institutions that have sprung up in that time. If all schools were ruled by the spirit of the Johns Hopkins University in its progress, viz., that till ample provision for thoroughly good work in any department is made, no such work will be undertaken, a large number of schools and colleges would disappear, or never have appeared at all. The sum of \$500,000 is the amount set by the trustees of the above-mentioned institution as necessary to the founding of a well-equipped medical school. A year ago they said: "When the sum is raised, and not till then, will the medical department of the University be opened." With their admirable course in biology and chemistry at the University, and the excellent clinical facilities of the Johns Hopkins' Hospital, a large part of the equipment of a medical school already exists.

In order that the full advantages of such a school, when established, should be open to women, an active movement among the women throughout the country was inaugurated last year to help raise the desired sum. With the aid of a large gift from Miss Mary Garrett, over \$100,000 was raised and handed over to the trustees with that condition. At what time in the future we shall see this desire accomplished, only time can tell.

Of the facilities of the Johns Hopkins Hospital for post-graduate instruction I may write a little. The buildings have already been described. They stand now as the perfection of a hospital, according to the latest light. It is situated in East Baltimore or "Old-town," on high ground, overlooking the city to the west. On the front or Broadway side is the administration building, in the centre and on either side of this

is a wing for a private ward, the one at the south end devoted to gynecological patients, the other to medical. There, on the north side, extending the length of two squares, is the row of buildings occupied respectively by the kitchen, surgical, men's medical, women's medical, gynecological and isolating wards, the amphitheatre, dispensary and pathological laboratory. It is intended to erect a south wing, corresponding to the north, as soon as sufficient money has been accumulated.

The capacity of the hospital is somewhat less than 300, so that, as yet, the quality of the instruction, rather than the quantity of material, is the chief recommendation of the course of study.

We have more direct contact with the patients than in any institution I have ever been in. After accompanying Dr. Osler through the wards in the morning the student can always return and examine the patient at pleasure. Under this chief one learns what diagnosis is, not a hit or miss guess at what a case may be, but the results of a careful examination of every feature of the case. Snap diagnosis is not his style. I believe he was one of the first in this country to study and describe the malarial organisms of the blood. Observations are carefully taken for these in every case of malaria. They have been trying the effects of methylene blue in these cases; two-grain doses three times a day. In one case this had proved very effective for a few weeks, but a sudden return of malarial symptoms and reappearance of the organisms in the blood induced them to abandon it for quinine. In other cases the methylene blue seemed very successful.

Of medicinal treatment, we do not hear a great deal from Dr. Osler. Rest and good food are the two factors of prime importance, and medicine is a secondary matter. In the *vis medicatrix naturæ* he places great reliance. The bath tub is the principal measure in typhoid; the hydriatic treatment is carried out unflinchingly. Digitalis in threatened heart failure of typhoid Dr. Osler thinks a very questionable rem-

edy. If alcohol and strychnia do not hold the vital thread, whipping up the heart with digitalis will not either.

Dr. Billings, Surgeon U. S. Army, has given a series of very interesting lectures upon the "History of Medicine." He gave an entertaining account one evening of "Perkinism," one of the fads of a century ago, which made great commotion in medical circles. Elisha Perkins, the originator, presented to the profession and the world at large the inestimable benefit that could be derived from a pair of tractors, or "pullers-out of disease." These consisted of two pieces of metal, one brass, another steel, four or five inches long. They were held together like a pair of compasses, and the two points drawn lightly over the affected part. It was about the time of the experiments of Galvani, and it was claimed that their effect was produced by electricity. The actual cost of the tractors were twelve cents, and they were sold by Perkins for twenty-five dollars. Books, pamphlets and testimonials from every direction appeared upon the subject. Dr. Billings had a pile of them, with a pair of the renowned tractors. Such credit did the subject receive that a number of hospitals were founded for the treatment of cases by this wonderful method. A Perkinian institute in England published a report of five thousand cases, and the Archbishop of Canterbury was implored to compose a new prayer that no evil powers might be allowed to impede the workings of the magic tractors. A witty poem was written on the subject beginning

See pointed metals blessed with power to  
appease

The ruthless rage of merciless disease.

Perkinism goes on the shelf in the history of medicine with the King's Evil, Bishop Berkeley's Tar-water, the magic of the Egyptians, the charms of the Indian enchanters, and the numerous humbugs of the present day.

When we compare the reports of the cures effected by these means with those of orthodox remedies one's faith in medicine does not increase. If we

ascribe the effect to mental influence, why cannot the psychologists tell us how that particular portion of the cerebral convolutions can be reached and acted upon in a rational manner? Is it not a reflection on the profession that we are willing to call certain manifestations hysteria, and certain effects produced through mental influence, "humbugs"?

#### GYNECOLOGY.

Dr. Howard Kelly, of Philadelphia, is the chief of the gynecological wards. The operating-room is like a young girl's ball dress—"a dream of beauty," the perfection of science and æsthetics. It is a room 20x25 feet, with windows on two sides and a large one above just over the field of operation. Gas and electric lights and shaded electric burners that can be carried by the hand of the assistant over the patient to illuminate the abdominal or pelvic cavity, leave nothing to wish for in the way of light at any time. The floor is tiled, and five feet wainscoting of marble runs all around the room. The operating-table is of glass and brass, with glass receptacles for instruments and dressings. Dr. Kelly uses chloroform almost exclusively in abdominal operations, claiming that with proper care there is no risk in its use. He manages his laparotomy cases without the drainage tube; he says it is productive of more harm than good. The peritoneum is closed by a continued catgut suture, and then the rest with silkworm and catgut in close succession. The surface of the wound is then washed and dried and then collodion poured on, a strip of gauze laid on this and a powder of iodoform and boric acid (12 to 8) is dusted on, then more gauze and collodion and powder till a firm dressing which seals the wound is formed. Then the abdominal bandage is adjusted and the dressings are not disturbed till the seventh day unless some special indication arises.

There have been a great many interesting cases this month—fibroids, ovarian tumors, pus tubes and carcinomata. All have made good progress towards recovery but one—a hysterectomy for can-

cer of the cervix. A vaginal hysterectomy was first attempted but was found impracticable as the broad ligaments were so much involved. An abdominal section was made and the entire uterus removed through this, the stitches drawn down through the vagina, leaving the peritoneal cavity opening into the vagina. The patient rallied well from the operation till the third day, when uræmic symptoms appeared and she speedily succumbed. The wound was clean, free from suppuration, and no signs of peritonitis. The cause of the mischief was found in the lower pelvic sutures, two of which had caught the right ureter.

Dr. Kelly leaves the minor gynecology to his chief resident, whose favorite method of treatment for pelvic pain not due to disease of the tubes and ovaries is to dilate and curette the uterus. The "derivative" effect, he says, is good.

#### SURGERY.

Of general surgery I have seen very little, as it does not lie in my line, but a great deal is done here. Dr. Halstead's methods of operating interested me. He draws the wound together with subcutaneous stitches, allows a blood clot to form and organize under antiseptic dressings and without a drainage tube. A very rosy looking patient in the wards is a young woman from whom the spleen was removed two months ago. The case had been diagnosed ovarian tumor, but when the abdomen was opened it was found to be a sphacelated spleen—a mere sac enclosing a necrotic mass in which Malpighian tufts were plainly discerned. To all appearances the young woman finds no inconvenience from the loss of the organ.

Dr. Halstead has been making a series of interesting experiments with the thyroid glands on animals. He removed one from a dog to-day and transplanted a portion in the peritoneal cavity to see if the growth there would compensate for its loss at the normal location. In his wards are a number of cases of goitre treated by ligation of the thyroid arteries.

## PATHOLOGY.

By all odds, the most thorough course at the Johns Hopkins is that in pathology. The opportunities for original investigations must be a great advantage to the members of the profession in Baltimore. Friday afternoon is the "round up," when all flock to hear the lecture of Dr. Welch, the head of this department. Pneumonia has occupied him most of this year. Owing to a remarkable lack of cases of croupous pneumonia lately the keen search for the diplococcus and further study of it has been somewhat delayed. It is such a perishable bit of protoplasm that without frequent fresh supplies it is soon lost. In cultures it does not grow at a temperature much below 76° F., or in an acid or strongly acid medium, and cannot be kept in stock cultures. Though the organism found so frequently in the saliva of healthy persons has been proved identical with that of pneumonia, no connection of these facts has been explained. During the prevalence of pneumonia the pneumococcus found in the mouths of healthy persons is said to be more virulent. Sternberg, in the *Medical News* of February 8, gives a summary of the various investigations upon the subject.

MARY E. OSBORN.

1646 East Fayette Street.

### LACTIC ACID IN TYPHOID FEVER.

Prof. Hayem (*Gazzetta medica di Torino*, No. 32, 1892) proposes lactic acid in the treatment of typhoid fever. It not only shortens the duration of the disease, but checks diarrhoea, even to constipation. He administers fifteen grammes (four drachms) in a quart of well-sugared lemonade; the dose may be decreased to ten to twelve grammes (two and a half to three drachms) a day, and should be continued even during the first days of convalescence in a daily dose of five grammes (one and one-fourth drachms). The addition of hydrochloric acid, two grammes (thirty minims), increases the efficacy of the drug.—[Pritchard.

## Society Reports.

### ACADEMY OF MEDICINE.

#### OFFICIAL REPORT.

*Meeting of January 11, 1892.*

The President, GILES S. MITCHELL, M.D., in the Chair.

T. V. FITZPATRICK, M.D., Secretary.

DR. EDWIN RICKETTS presented a

*Supplementary Report of a Case of Epilepsy.*

Two years ago last November I performed an abdominal section for *pustules* in an epileptic. I presented the specimens to this society, saying that I would watch the case as to what would be the result of the epileptic seizures. The ligatures were *lied close to the fundus*. For a time the seizures were lighter and farther apart. After this they became harder, not yielding to any plan of treatment. She died four weeks ago.

#### DISCUSSION.

DR. S. P. KRAMER:

The operative treatment of epilepsy has not been very encouraging. The operations on the cortex, which within the last few years have become so popular by reason of the teachings of Mr. Horsley, have for the most part not yielded permanent results. It seems that almost any operation of any severity, performed upon an epileptic, will for a time lessen the severity and frequency of the attacks. This is, however, only temporary. The case operated upon by Dr. Dawson a few years ago illustrates the point. Briefly, the case is as follows: A young man presented himself for treatment, having when a boy been kicked by horse upon the head. Since that time he had been an epileptic. There was found a well-marked cicatrix on one side of the head. An operation was decided upon, and the scalp at the point of injury was laid open. The cicatrix was found to be very firmly adherent to the skull. This was detached and the wound closed. For a time the patient was free from all attacks. These, however, recurred as

before in the course of a few months, the patient dying, I think, a few years after, an epileptic.

These temporary results are to be remembered in weighing gynecological operations for epilepsy, and teach us to be not too enthusiastic in the work before we have achieved some permanent result.

DR. A. W. JOHNSTONE:

I had one case upon which I operated. The first time I called upon the patient I found twelve one-pound chloroform bottles upon the mantel, for so great was the mental depression that she could only with great difficulty and steady watching be kept from doing herself harm. The operation was a relief, it is true, but not the operation alone will cause permanent cure; the bringing on of the menopause is also necessary. We must be extremely careful that the operation is not performed in women who are otherwise unhealthy, and those who suffer with confirmed epilepsy should be let severely alone.

DR. EDWIN RICKETTS:

I have a case of mental depression in course of treatment at present. Ever since a little over two years mental depressions come on during the menstrual period. I made an examination and found the appendages bound down firmly. The patient is thirty-one years old, married six years, never been pregnant, and no specific history. In my opinion there could be no better remedy in this case than bringing on the menopause by the removal of these diseased appendages per abdominal section.

*Meeting of January 18, 1892.*

The President, GILES S. MITCHELL, M.D., in the Chair.

T. V. FITZPATRICK, M.D., Secretary.

DR. A. B. THRASHER read a paper entitled

*Hypertrophy of Adenoid Tissue at the Vault of the Pharynx*  
(see p. 263).

DISCUSSION.

DR. J. E. BOYLAN:

Although this subject of adenoid vegetations has been pretty thoroughly

exhausted in medical literature of late, I am glad that it has had another overhauling this evening, for the speaker has certainly brought out the salient points very cleverly. My own experience quite agrees with his, that this is a condition which is still frequently overlooked. Moreover, various points, such as the best methods of removing them in their varying conditions, can certainly be discussed to advantage.

The histology and anatomy of this tissue has been repeatedly and thoroughly studied. Undoubtedly, I think, the most exhaustive and systematic investigation was that of Prof. Trautman, of Berlin, who published a short time ago quite a formidable volume on the subject, after making no less than 190 dissections, which work also comprises the report of 150 cases of hypertrophy accompanying middle-ear disease. Trautman demonstrates that the adenoid tissue, which is massed so as to comprise nearly the whole thickness of the pharyngeal wall, is in early years divided into six well-defined, separate, longitudinal ridges, which are separated by well-marked fissures, usually five in number, which fissures we find greatly developed in the hypertrophic condition. These ridges originate just behind the upper border of the posterior nares, from which they are distinctly separated, the tissue never extending into the nares; they are thickest in front, and converge rapidly as they run backwards in a sagittal direction, having thus a fan-shaped outline. In front these ridges are at times confluent, so as to form a cross ridge above the nares; this part of the tonsil, when hypertrophied, may hang like a curtain against the posterior nares, so as to render nose bleeding almost or quite impossible. As the ridges or sections hypertrophy in varying degree, the irregular surface of the tumefaction is developed. Besides the converging ridges described, there are two or three smaller ones, extending from the posterior part of the main mass laterally to the tube lips, which also occasionally hypertrophy and give rise to the smaller lateral growths located near or upon the tube lip.

Of the various methods of removing these growths known to me, I have been able to adopt but three successfully, namely, cauterization with acid or galvano-cautery, curetting with Hartman's curette, or biting them out with the spoon forceps. The first named method is by far the most accurate when, as is not infrequently the case, the patient can be taught to overcome the involuntary contraction of the palatine muscles. Guided by the reflection in the rhinoscopic mirror, we can then remove them leisurely, with the greatest precision and almost without pain to the patient. In the majority of cases, however, this method is impracticable, for various reasons. If the tumefaction is large and well bunched in the median line, I then prefer Hartman's pharyngeal curette. The instrument should not be too dull and the application made with pretty firm pressure; if the curetting is always done from the side wall of the pharynx towards the median line, it is almost impossible to harm the adjacent parts, and the hypertrophy can thus be removed *en masse*. If the vegetations, as is frequently the case, are scattered, I then resort to the spoon forceps, guided by repeated digital examinations, removing them in several sittings, with the patient in the upright position.

As far as my experience goes, I do not find the advantage gained by giving chloroform or ether sufficient to justify the slight risk and considerable trouble, when it is not absolutely necessary. The fact that repeated digital examinations could be made during the operation was to me of little advantage, because the tissue becomes so lubricated by the slippery and clotting blood, after the first application of the instrument, that it is very difficult to detect the remaining hypertrophy. I cannot agree with the speaker that the operation is a painless one, and I have found a local anæsthetic very useful; but the number of cases in which the general anæsthetic is necessary may be greatly reduced by the interstitial injection of cocaine into the hypertrophied tissue by means of a properly curved and guarded hypodermic needle, such as I

had constructed and have reported upon a previous occasion.

As regards the results: When the hypertrophy exists as an isolated and independent condition we expect speedy and marked improvement in respiration; as a matter of fact, however, we find it nearly always associated with mucopurulent catarrh, and very frequently with hypertrophy of the tonsils of the fauces, which catarrhal condition only becomes amenable to treatment when the hypertrophy has been reduced. The most striking results are attained in the improvement of the hearing when deafness has been caused, as it so frequently is, by their presence.

DR. T. V. FITZPATRICK:

There has been much written on this subject, but from the manner in which not only the long chain of evil results which follow, but the very existence of adenoid vegetations, have been denied, would most certainly justify the frequent introduction of this subject. The stupid state of the intellect is not only apparent, but a reality is shown by the rapid and pronounced mental improvement which follows the operation for the removal of these growths. Children who have been listless, inattentive and dull, and are treated during vacation, will most agreeably surprise their teachers during their immediately following school work. I have not found it essential to administer a general anæsthetic as often as the essayist, cocaine being sufficient in most cases.

There is one point that has not been touched upon; that is the unusual position assumed by these little sufferers during sleep, as lying on the face, etc. It is almost pathognomonic of obstructed nasal respiration.

DR. J. A. THOMPSON:

Heredity may have some influence in the causation of adenoid vegetations, as it has in the etiology of other throat diseases. About eighteen months ago I removed seven papillomatous tumors from the vocal cord of an adult. His wife was confined while the husband was under my care. The peculiar breathing of the child attracted attention, and, as their minds were full of

tumors at the time, it was brought to me when three weeks old for examination. The naso-pharynx was full of adenoid vegetations, which were removed when the child was a month old, with a perfect recovery.

The nervous symptoms attending hypertrophy of the pharyngeal tonsil are often out of all proportion to the size of the tumor. I know of one family where two children began to have the symptoms of obstructed breathing when about six months old. The symptoms became slowly worse, and at about the age of two years, in each case, the child died in convulsions. A third child of the same parents began with the same symptoms. When about eighteen months old it had convulsions, and was brought to the children's clinic of the Miami College. There the cause of the convulsions was recognized, and the child was sent to me for immediate operation. Operation under anæsthetics arrested the convulsions. But this was one of the cases where successive portions of the gland hypertrophy. In about one year there was a return of the growth, with convulsive attacks. They were again arrested by removal of the tumor. A third attack of spasms, when the child was four years old, marked the growth of a third portion of the gland. The nervous symptoms disappeared again when their exciting cause was removed. From the mother's description of the symptoms in the older children, I am confident that the fatal results might have been avoided if the attending physician had recognized the cause of the convulsions and removed it, instead of blindly treating a symptom. The younger child has had no recurrence in over two years. Nervousness in a child, attended with difficult respiration, should cause an examination of the naso-pharynx before the convulsive stage is reached.

A case showing an uncommon symptom was brought to the clinic of the Miami College last Saturday. The patient was a girl, eleven years old. She is small and delicate. Hearing in the left ear is almost destroyed. She has had noisy, labored breathing since she was six months old. She had severe

spasms when six months old, and had frequent and severe recurrences of the convulsions until she was seven. Her defective articulation was the course of her being brought to the clinic. I found the defect to be the substitution of "ah" for terminal "n" and "ng" and of "w" for "m" in any part of a word. The naso-pharyngeal space is filled with vegetations, which I shall remove at the next clinic, and hope with a little training to gain an improved articulation.

## WALNUT HILLS MEDICAL SOCIETY.

OFFICIAL REPORT.

*Meeting of January 27, 1892.*

The President, A. W. JOHNSTONE, M.D.,  
in the Chair.

R. C. JONES, M.D., Secretary.

*Amyl Nitrite in Cocaine Nausea.—  
Dental Cases.*

DR. SHIELDS reported the case of a lady, thirty-five years of age, who applied to him for dental work. Before filling a cavity, he applied to it and the neighboring gum a 10 per cent. solution of cocaine. In a half hour the patient complained of weariness, and then nausea. Whiskey was administered. The face became pale, the hands very cold, and soon the patient was comatose. The pupils were dilated, and, strange to say, a hazy condition of the cornea was noticed. Inhalations of nitrite of amyl were used, at intervals, for an hour, with effect, and the patient was sent home. Was called to her in the afternoon and found her in a hysterical condition, this being followed, apparently, by coma. Nitrite of amyl was again successfully resorted to. The haziness of the cornea was again noted.

What was the cause of this condition? Was it owing to the cocaine, or to the nervous condition superinduced? Could it have been due to contracted blood-vessels?

The speaker mentioned another case, in which the patient had a tooth removed by Dr. Hill. Two weeks later an abscess developed, and the patient consulted Dr. Shields. The fourth



molar had been removed, and the one in front had been loosened by an abscess. He detected a sinus with the probe, cut down, found and removed a small piece of the root. The fistulous tract opened externally. It was treated by irrigation with a permanganate solution. A large scar resulted.

In a third case a decayed tooth had caused an abscess, which was lanced by a physician. Later the patient consulted Dr. Shields, who extracted the tooth and applied a lead bandage, which was tightened daily, with the result of causing the abscess to discharge internally. No scar, except that resulting from the knife.

## DISCUSSION.

DR. ISHAM:

Have never seen any reference to the hazy condition of the cornea due to cocaine. It does induce nervous manifestations. Delirium, or even coma, has occasionally followed its use. Have a limited experience with it, for the removal of small growths, opening abscesses, etc. Have usually noted some exhilaration, and occasionally mild delirium. Several years ago a homœopathic physician, in this vicinity, called at a drug-store for a solution of atropia. He claimed that the druggist made a mistake, and dispensed cocaine instead of atropia. A suit for damages was threatened, but the druggist compromised for \$150.

DR. SCOTT:

I have not used cocaine much, but have never had any bad results from it. Is it not possible that the haziness of the cornea was due simply to the shock? Is there not always some diminution of transparency in the cornea associated with shock?

DR. PORTER:

Have had comparatively little experience with cocaine. Have used it occasionally in circumcisions and a few other minor surgical operations. Its safety and efficiency depend upon the extent to which the local circulation can be controlled. Most of the fatal accidents have occurred in operations about the rectum and genito-urinary organs, parts richly supplied with blood, and in which the circulation is

not easily controlled. Cannot explain the haziness of the cornea in the case reported.

DR. JOHNSTONE:

Was the patient menstruating?

DR. SHIELDS:

I do not know, as I never ask such questions, fearing offense.

DR. JOHNSTONE:

How much of a rôle does tuberculosis play in the destruction of teeth?

DR. SHIELDS:

I have noticed nothing of its effects.

*Tonsillitis—Rötheln.*

DR. SCOTT:

I have lately had a number of cases among children, in which the clinical picture is about as follows: Patient has malaise and loss of appetite for a couple of days, and is suddenly sick with tonsillitis. Temperature 103°–104°; tongue coated; throat resembles that of scarlet fever. Child apparently well in two or three days. Then in two or three days would be called back to find a rash and an intensely red throat, but no fever; rash in splotches half as large as a hand; pearly-like sudamina; no eruption on face and no desquamation. Had one case in a young man of nineteen years.

DR. ISHAM:

They may have been cases of tonsillitis followed by erythema, as often happens, or may have been rötheln.

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**CHLOROSIS.**

Dr. Pick (*Wiener klin. Wochenschrift*), basing his procedures upon the supposition that chlorosis is due to an auto-intoxication by toxins absorbed from the stomach, washes out the stomach, in the morning, and administers immediately afterwards some preparation of iron. With this treatment he has been able to get results in three or four weeks, where, under the ordinary method of administering iron, no results would be obtained for months. If this fails he prescribes:

℞ Creasote, . . . cgms. 5 (℥j).  
Sugar of milk, . . . cgms. 30 (grs. v).  
Sufficient for one capsule. Take one capsule immediately after each meal.

—[Pritchard.]

## Translations.

MOLIERE AND GUI PATIN:

A MEDICO-LITERARY STUDY BY  
DR. NIVELET.

TRANSLATED FROM THE FRENCH BY  
THOMAS C. MINOR, M.D.

### CHAPTER FIRST.

The age of Moliere, that is to say, the medical period that corresponds with the dramatic existence of the great genius, is one of the most curious studies, viewed either from the standpoint of science or medical ethics.

Confused, chaotic, in its simplest aspect, as are all epochs of transition, it offers to the mind little save that devoid of interest; but we very soon understand, after reflection, that those periods of passionate controversy and disputations full of hatred prepared a future for modern systems by throwing off the relics of the "Middle Ages."

In philosophy it was an epoch remarkable for the reason that scholasticism, although shocked by its servility to Aristotle, succeeded in discarding the yoke of theology, whose servant it had been for so long a time; when the innate ideas of Descartes, and the whirlwinds with which he swept the world of thinkers, overwhelmed and stupefied the routine peripatetic with astonishment.

In medicine it was the hottest fought and bloodiest struggle, where the doctrines of the Arabian school were discussed under the restrictions imposed by scientific dogmatism; on one side was Galen, with rationalism inscribed on the banner; while on the other waved the standard of Paracelsus, with its mysticism.

It was the time when the fierce Van Helmont intervened in the struggle with his ferments, which, in the hands of the skilful Sylvius de la Boe, served to elevate German chemistry.

It was an epoch when this same chemistry, hardly yet out of its swaddling clothes, but feeling its strength and foreseeing its future, asserted itself, imposing its empirical combinations and

preconceived theories on medical therapeutics.

It was a time when anatomy learned something daily, and when physiology was upset by the discovery of Harvey as to the circulation of the blood.

Behold then the science!

As regards tastes, habits, passions, was it not the epoch when the schools developed up to the point of mania the spirit of controversy, enthroning syllogism in the chairs, and even consecrating in society the tyranny of the word—*Ergo*?

Was it not the epoch of intolerance, which still carried on its breast the numerous vestiges of barbarity and prejudice belonging to the Middle Ages, raising between the professions, and sometimes between individuals of the same family, the most irritating questions of precedent?

It was the period when the School of Medicine, proudly elevated by its royal privileges, humiliated by every imaginable method the School of Surgery, its weaker sister.

It was an age when the spirit of system persecuted rival sects and waged against pharmacy a war of hatred; especially was this so as regarded certain medicaments.

Finally, and from another point of view, was it not that contemptible epoch when the veniality of Mazarin placed at auction to the highest bidder the most important and most honorable positions, which were usually secured by men of incapacity, when those holding eminent offices were subjects of ridicule?

That was the period when true merit was unrequited and genius avenged itself against unworthy rivals in floods of cutting sarcasm and brilliant invective. The situation will suffice to show the grotesque medical types abounding in the days of Moliere, and the exuberance of coloring with which he has painted his medical portrait.

If, besides, we investigate the thought of this epoch, evidenced in the books, squids, pamphlets and personal letters, we uncover the medical morals and the exterior wrappings in which

they are muffled; we assist at the very dogmatic consultations and listen to the disputes of the schools, all animated by egotism and passion, a special plea for professional privileges, a diatribe against antimony and the pharmacists. Ah! it is then methinks we see the grand painter of medical portraits furnished with delicate brushes, seizing all types at his leisure, a smile upon his lips; for we are forced to admit that in his pictures of the medical profession Moliere has portrayed from nature.

Let us investigate the scenes of public life in the seventeenth century and beyond, and we shall find the sources from whence Moliere has drawn the pungent salt of his medical satire. This appears to us to be an interesting subject, not only for the physician, but for the litterateur. Before approaching this delicate subject, however, it is necessary that the reader be prepared to examine the following questions:

*What were the prevalent medical doctrines in the time of Moliere?*

*What were the characteristics and particular merits of the more prominent men who took part in the struggles of that epoch?*

These questions form the program of our first study. At the first glance it appears difficult to untangle, in such a period of scientific anarchy, the lines, more or less precise, followed by each practitioner.

Some, in their writings, invoked Galen, but sacrificed at the same time to the paganism of Paracelsus, borrowing from the Arabs their talismans and their stellar charms, and invoking the astrology of Cardan.

Some doctors, again, espoused with ardor the humoral theories of the period, but by a monstrous alliance, at that time, combined them with vitalist theories.

The latter wrongly applied an incoherent polypharmacy, but rationalized its practice, and, by ridiculous explanations, repulsed at least the qualification of empiric.

The former made a buckler of the names of Hippocrates, Galen and Fauvel, but contracted all their theories in the narrow views of the Botallists.

All physicians, or almost all, held

Hippocrates as divine, but all were far from avoiding, like the master, vain speculations, and intrenching themselves exclusively behind the battlements of observation and experience.

All disputed, discussing, quibbling—in their chairs, in their books, in conversation, in personal correspondence; all affirmed their belief in dogmatism. And, besides, each man and each small clique of medical men formed a distinct sect. Each sect endeavored to injure the other sects by the word *charlatan*! Each sect accused its rivals of ignorance, denying their good faith and imputing to shameful sentiments—most often the love of money—their false convictions.

Meantime, in the midst of this chaos of different opinions, animated too often by self-conceit and envy, the time arrived when practitioners found affinities that permitted them to be classed in two distinct categories, *i.e.*, the Dogmatists and Eclectics.

[TO BE CONTINUED.]

## WHOOPIING-COUGH.

Dr. Galvagno (*Lo Sperimentale*, No. 23, 1891) proposes the following formulæ:

℞ Distilled water, gms. 100 (fl. ℥ijss).  
 Resorcin, } aa gm. 1 (grs. xv).  
 Antipyrin, }  
 Muriatic acid, gtts. 10  
 Simple syrup, gms. 30 (fl. ℥j).

℞ Gum arabic solution, . gms. 100  
 (fl. ℥ijss).  
 Resorcin, } aa . gm. 1  
 Antipyrin, } (grs. xv).  
 Syrup of pine tar, . gms. 30  
 (fl. ℥j).

Three to five soup-spoonfuls a day.

## ANTIPYRIN IN DIARRHŒA IN CHILDREN.

Dr. Saint-Philippe (*Lo Sperimentale*, No. 22, 1891) recommends the administration of a  $\frac{1}{4}$  per cent. solution of antipyrin in the diarrhœas of children. If the child be less than six months old, one may give a teaspoonful every two hours. If over this age the solution may be increased in strength to 1 per cent.; if above six years a  $1\frac{1}{2}$  per cent. may be used.

—[Pritchard.]

## THERAPEUTIC NOTES

FROM ITALIAN, GERMAN AND FRENCH JOURNALS.

TRANSLATED BY  
F. H. PRITCHARD, M.D.,  
NORWALK, O.

## CHLORIDE OF ETHYL AS A LOCAL ANÆSTHETIC.

Dr. Revard, of Geneva (*Bulletin médical*, No. 55, 1891), calls attention to the local anæsthetic action of the chloride of ethyl. The substance is put up in small glass tubes with finely drawn out tips. The warmth of the hand is sufficient to cause the liquid to evaporate and a small jet of spray to issue from the tip with considerable force. The part to be anæsthetized is covered previously with some fatty substance, glycerine or collodion. The chloride of ethyl evaporates so rapidly as to produce a sudden lowering of temperature and consequent anæsthesia. This substance was used in over three hundred cases with splendid results.

## STRONTIAN SALTS IN THERAPEUTICS.

Dr. Egasse (*Bull. gén. de Therapeutique*, No. 30, 1891) insists upon the value of the salts of strontium in therapeutics. The following are the preparations now used: The bromide, chloride, iodide, sulphide, oxide, nitrate, sulphate, carbonate, phosphate, lactate and fluosilicate. Their therapeutic action has been studied by Dujardin-Beaumetz, Bucquoy, Germain Sée and others. Their diuretic action is doubtful; the nitrate has apparently a beneficent action upon chronic rheumatism of the joints, in doses of fourteen to twenty grammes (three and a half to five drachms) per day. The bromide may be used in epilepsy without interruption, as there is no necessity of leaving off its administration, like the potash salt, on account of gastric disturbances. The iodide is praised in the treatment of heart diseases, where it may be substituted for the iodide of potash. In dyspepsia with hyper- or hypochloridria the bromide has given

good results. The good influence of the nitrate, lactate and bromide upon albuminuria is beyond question, the quantity of albumen diminishing one-half, without, however, disappearing entirely. They are administered as follows: The lactate fifteen to twenty grammes (three and a half to five drachms) a day; the bromide and iodide two to four grammes (thirty grains to one drachm) per diem; the nitrate is given in the same dose as the lactate.

## EARACHE.

Dr. Gomperz (*Lo Sperimentale*, No. 23, 1891) treats the purely nervous form of earache by the administration of the iodide of potash, one and a half to two grammes (twenty-two to thirty grains) a day, quinine one gramme (fifteen grains) a day, antipyrin one and a half grammes (twenty-two grains), or phenacetin seven decigrammes (ten grains) per dose, or two grammes (thirty grains) per day. Hot and moist compresses may be applied to the external auditory canal and the galvanic current applied.

## HÆMATURIA FROM VESICAL TUMORS.

Dr. Lavaux (*Wiener klin. Wochenschrift*, No. 48, 1891) has used a very hot solution of boric acid as an intravesical injection in hæmaturia from vesical tumors with success. He obtained good results in three cases.

## A PURGATIVE AND DIURETIC PILL.

Dr. Lancereaux (*Le Bulletin médical*, No. 1, 1892) recommends the following:

Powdered squills, Powdered digitalis, Powdered scammony,	} aa mgms. 5 (gr. 1-13th).
Three to six per diem.	

This pill produces diarrhœa and polyuria. They are indicated in asystolia and uræmia. In asystolia the diarrhœa unloads the abdominal venous system and liver, while the digitalis acts upon and reinforces the systole. In

uræmia the diarrhœa which results from this combination eliminates the toxic substances. Diarrhœa in uræmic subjects should be respected; if it does not appear spontaneously, it should be forced.

#### TURPENTINE IN ICTERUS.

Dr. Carceau (*La Semaine médicale*, No. 12, 1891; *Lo Sperimentale*, No. 23, 1891) has recently used the essential oil of turpentine in all forms of icterus with hemorrhages and albuminuria, as Weil's disease, bilious fever, hæmoglobinuric fever, as well as yellow fever. He administers it as follows:

- ℞ Ozonized oil of turpentine, gms. 10  
(℥ijss).  
Liquid vaseline, . . . gms. 36  
(fl. ℥jss).  
Inject subcutaneously.

The same quantity may be given in capsules, of which some sixty may be taken within thirty-six hours, thus taking two or three every half hour. By this means he has been able to cure the most severe cases of icterus accompanied by great albuminuria and convulsions.

#### HEMICRANIA.

Dr. Schultins (*Centralblatt für d. ges. Therapie*, No. 12, 1891; *Lo Sperimentale*, No. 23, 1891) gives the following in migraine:

- ℞ Phenacetin, . . . dgms. 3  
(grs. v).  
Sodio-salicylate of caffeine, mgms. 15  
(gr.  $\frac{1}{4}$ ).  
Muriate of quinine, . . dgms. 2  
(grs. iij).  
Muriate of morphine, . mgms. 5  
(gr. i-13th).  
Semarine, . . . mgms. 1  
(gr. i-64th).  
Butter of cacao, q.s.  
Sufficient for one capsule. Make thirty such capsules.

#### TREATMENT OF CHRONIC LARYNGITIS.

Dr. P. Tissier (*Le Bulletin médical*, No. 94, 1891), in the mild forms of chronic laryngitis, touches the laryngeal lesions twice a week with camphorated naphthol. This treatment

rapidly changes the state of the laryngeal mucous membrane, and restores the voice with remarkable quickness. In the graver forms, with limited hyperplasia of the posterior portion of the vocal cords, he employs Kranke's or Gougenheim's forceps, and with good results. Internal medication has but slight influence upon the affection.

#### CASCARA SAGRADA AS A PURGATIVE IN CHILDREN.

This drug has been found to be the most reliable purgative in infants and children. It may be prescribed as follows (*Lo Sperimentale*, No. 23, 1891):

- ℞ Tr. cascara sagrada, } aa gms. 10  
Simple syrup, } (fl. ℥ijss).  
From one-half to a coffee-spoonful, according to the age of the children.

#### ARISTOL IN SCROFULOUS RHINITIS OF CHILDREN.

This drug (*Lo Sperimentale*, No. 23, 1891) is recommended as giving excellent results, if insufflated into the nose, in the scrofulous rhinitis of children. It is also of value in chronic eczema when given according to the following formula:

- ℞ Aristol, . . . gms. 10  
(℥ijss).  
Lanoline (or) vaseline, . gms. 50  
(fl. ℥jss).

#### ELIXIR OF COCAINE.

Prof. Huchard, of Paris (*Le Bulletin médicale*, No. 1, 1892), employs in the treatment of painful dyspepsia, gastralgia and vomiting the following elixir of cocaine:

- ℞ Muriate of cocaine, gm. 1 (grs. xv).  
Hydrochloric acid, gms. 5 (fl. ℥j $\frac{1}{4}$ ).  
Elixir de garus, gms. 500 (fl. ℥xvj).  
Distilled water, gms. 100 (fl. ℥ijss).  
A small wineglassful after each meal.

#### DIARRHŒA.

Dr. Mencke (*Le Bulletin médical*, No. 90, 1891) treats diarrhœa in children and adults with resorcin successfully. In adults he prescribes the following potion:

℞ Resorcin, . . . gm. 1 (grs.xv).  
 Distilled water, . . gms. 90 (fl.℥iij).  
 Simple syrup, . . . gms. 60 (fl.℥ij).  
 Tr. camphorated opium, gm. 1 (m.xv).  
 A soup-spoonful every two hours.

In children the resorcin and tincture of opium are reduced to one-half a gramme (seven and a half grains) each, and a coffee-spoonful is given every two hours.

#### INFLAMMATION OF THE NECK OF THE BLADDER IN WOMEN.

The following is the treatment recommended (*Le Progrès médicale*, January 2, 1892):

℞ Camphorated lanoline, gms. 30 (℥j).  
 Extract of belladonna, gms. 2 (grs.xxx).  
 Introduce upon a tampon, morning and evening, into the vagina.

Forbid the use of spices, and, above all, beer. Give a rectal injection containing six drops of laudanum, and administer decoctions of uva ursi, juniper berries, fir-tree sprouts or tar water internally.

#### PUBLISHER'S NOTICES.

**COD-LIVER OIL AND CREASOTE IN CONSUMPTION.**—Dr. Julius Summerbrodt, Professor at the University of Breslau, has recently published his experience in the use of creasote in consumption. He states: "After nine years' employment of creasote, in thousands of cases of consumptive patients, I have reached the conclusion that we can cure with creasote sufferers in the initial stages of lung tuberculosis, and not only the initial stages, but also longer-seated and severer forms may be completely and permanently cured. Creasote is for countless sufferers an excellent remedy, thus far unequalled by any other for tuberculosis of the lungs. I consider the most desirable form for administering creasote to be the capsule, adding a readily-absorbable fat, as cod-liver oil or olive oil."

Parke, Davis & Co. supply soluble elastic capsules, prepared from the finest French gelatin—cod-liver oil ten minims, creasote one minim—which offer a convenient and agreeable mode of administering these remedies, and will mail to those interested a reprint of Professor Summerbrodt's report of his experience with these remedies.

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## THE CINCINNATI LANCET-CLINIC.

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**MEDICINE AND SURGERY**

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A. B. RICHARDSON, M.D.  
 J. C. OLIVER, M.D.  
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Cincinnati, February 27, 1892.

### Editorial.

#### WATER-WORKS.

As suggested in a previous editorial, we are of the opinion that the question of new water-works is an important one for us to ponder over. Many diseases and epidemics can be traced directly to drinking-water infected with pathogenic organisms. A strong suspicion may very reasonably be entertained that the water we drink is responsible for many other diseases even though a direct connection cannot be demonstrated. Every person, therefore, feels more at rest when they know that they are receiving water for drinking purposes that is pure and innocuous.

We desire to submit two propositions in regard to Ohio river water:

1. There exists no earthly question in regard to the water taken from the Ohio river at the site of the present pumping works. It is vile. The contamination is acknowledged by all.

2. The water taken from above the mouth of the Little Miami river is not *as bad* as that taken from the river opposite our city; but this negative recommendation does not carry with it the statement that water taken from above the Little Miami is fit for drinking water. It may be good enough for bathing purposes without being fit to put into one's stomach. As a matter of fact it is not pure enough for the latter purpose.

Now, then, we have a basis for any future work which may be done in regard to bettering the water supply of our city—water taken from the present source is impure, dangerous and unfit for drinking; water taken from above the Little Miami is *somewhat* better, but still very much polluted, and will become more and more polluted with the lapse of time.

The only logical inference to be drawn is, that we must either seek a new source for our water supply, or so treat our present supply as to render it pure and fit for the purpose desired.

From our location and surroundings the former course is clearly impractical. Lake Erie is too far away, and there is no body of water close enough to utilize for the purpose. Any plan to secure water from other sources would entail an enormous outlay of money for its realization.

We are therefore forced to the logical conclusion that the best we *can* do is to ascertain whether water secured from the present source cannot be rendered pure and innocuous through some of the methods of purification. This is a question to be determined *before* six million dollars is expended upon a plan which will result in little or no improvement of the supply.

Situated as we are, surrounded by hills, we have the means for storing

and purifying a large quantity of water, and at the same time having enough force to cause water to be obtainable on the upper floors of our tallest buildings. The question of pressure being thus eliminated we have but to consider the question of what method of purification to adopt in order to provide the city with an article of water that shall be first-class in every respect.

Now, we believe that a commission of scientific men should be appointed to determine the best means of purifying our drinking water. It is true this plan will cost something, but the cost will be trivial in comparison to the vast sum they are talking of expending, and the result of their investigation will be a tangible something upon which to predicate a plan of action. If water *can* be purified by any of the methods in use at the present day let us have the benefit of that process, and not unheedingly rush into a plan which promises little or no improvement.

We hope this subject will be taken up by medical men and some concerted action taken in order to secure pure and wholesome water for the inhabitants of the city.

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#### SUGGESTIONS.

Why is it that as soon as any subject of interest to physicians is presented to the public some one begins to talk deprecatingly of the tendency, so universal among physicians, to disagree among themselves? And why do the press assail so vigorously the ethical regulation among us which prohibits newspaper advertising? Human nature is pretty natural wherever it is found, and we may be sure that these two questions have their solution in no mysterious interpretation. As these criticisms are made we can only en-

quire whether they are merited. If they are then should they be ignored or disarmed? It has occurred to us that a few suggestions here might not be amiss. We fear there is some justification for the first criticism. Are we always as ready to sustain the actions of a brother practitioner as we are to criticise them? Do we not often see a discussion in our societies degenerate from a discussion on principles to an exhibition of professional jealousies or animosities? Soiled linen is paraded before us, and under the thin disguise of different beliefs is displayed personal pique or antipathy. It must be that the opinion which the public has formed, that we can seldom agree, is because we take occasion to manufacture sources of disagreement. Instead of seeing how far we can agree with a brother we search out the opportunities for opposition and argument. Whenever a physician is called upon for an opinion he seems to think that he must show his individuality by the enunciation of views a little different from those of any other person. Let us come right home to ourselves. What is the necessity for two medical societies in this city in the regular profession? We have often thought of this but can see no good reason for the two. They may have started in some necessity, but if so it would seem to have disappeared. Why cannot we get together again? Simply because of the perpetuated animosity of a few in either society toward a few in the other.

Let us mend our ways in this particular. When called upon to pass judgment on a brother let us strive to see what we can of good in him, and leave the criticisms to the "Barbarians." True Greeks will not be found in contest with brothers when the cause can only be self-aggrandizement.

Again, why should we be so ready to assail a brother for his methods when they are not consistent with our ideas of right? If he announces himself in the public press, and has the evidence of dishonesty and fraud about him, would it not be more to our credit to let the first criticisms come from non-professionals? If a brother wants to put his card in the newspaper why should he not do so? Why should we so eagerly condemn him? If he comes forward in societies with frequent writings why should we eternally hunt out his weak points and pick flaws instead of encourage? Would it not be better by far for our own reputation to cultivate the opposite tendency? We are sure that the dignity of the profession would be improved by this change.

Again, why do established and older physicians throw cold water so persistently on the junior members—the newcomers? Is this creditable to their breadth of intelligence and the love of fairness which should actuate them? We might do better in this regard and the profession would be greatly the gainer.

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#### LOCAL SOCIETY NOTICES.

##### ACADEMY OF MEDICINE.

Monday evening, February 29, Dr. C. B. SCHOOLFIELD will report "Series of Cases of Membranous Laryngitis Treated by Tracheotomy and Intubation."

DR. E. RICKETTS will read a paper on "Appendicitis," with report of cases.

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##### CINCINNATI MEDICAL SOCIETY.—

Tuesday Evening, March 1, Dr. R. C. HEFFLEBOWER will read a paper on "Mastoid Operations." The discussion will be opened by Drs. S. C. AYER and C. R. HOLMES.

DR. HOLMES will also present five cases of "Mastoid Operations."



## Selections.

### FROM CURRENT MEDICAL LITERATURE.

#### CONGENITAL TUBERCULOSIS.

An interesting case has recently been reported by Sabouraud, of Paris, bearing upon this disputed question. The original paper is not accessible, but its salient features are reported in the *London Lancet* of November 21, 1891.

On August 5, 1891, there was admitted into the lying-in department of the Hospital of St. Antoine a woman pregnant and at full term. On her admission it was ascertained that there was present a slight induration of both apices, with some softening on the left side. A fortnight previously the patient had exhibited a transient albuminuria. Delivery took place on the day of admission, and recovery proceeded without incident, the patient leaving the hospital on August 16. The pulmonary lesions during this time underwent no change. The child was a female, well formed, and normal in weight, and nothing suggested the presence of any hereditary defect. The placenta was not examined. Five days later the infant became affected with conjunctivitis, which speedily yielded to treatment. On the ninth day the child showed signs of meteorism, with a little diarrhoea. On the tenth day general cyanosis was observable, and auscultation revealed fine râles scattered over the whole of both lungs; no convulsions occurred, but there was a continuation of the diarrhoea. On the morning of the eleventh day the child died without any further developments. Owing to the wishes of the friends, it was only found possible to examine the liver and the spleen post mortem. The liver was normal in color, weight, and dimensions, and free from any trace of peri-hepatitis, but throughout its entire thickness it was beset with thousands of little granulations from one to two millimetres in diameter and of equal size. The spleen was found small and contracted, without trace of peri-spleni-

tis, but with thickened capsule, while it was crowded with innumerable tubercles, some miliary, others from eight to ten millimetres in diameter. The granulations were so numerous that they seemed to occupy the greater part of the surface of the parenchyma of the organ. Microscopic examination by several methods conclusively established the truly tuberculous character of the granulations both in the liver and spleen. The case of the mother made rapid progress, renal complications supervened, and she finally died comatose, with meningeal symptoms. The necropsy showed that the upper half of each lung was crowded with tubercles. No tubercles were found either in the breasts or in the genital organs.—*Boston Med. and Surg. Journal*.

#### PREDISPOSITION TO TUBERCULOUS INFECTION.

Professor Birch-Hirschfeld, of Leipzig (*Weiner Medizinische Blätter*), comments on the question of predisposition to tuberculous infection, pointing out that the prevailing theory of direct infection by inoculation of the bacillus is rapidly coming to be regarded as the only important factor in the spread of the disease. Predisposition may be classed as "general" and "local," meaning by the first term a greater or less resistance to the development of tubercle; and by the second, the various factors that incline an individual organ or part to become tuberculous. General predisposition may be inherited or acquired, as in the case of diabetes. Local predisposition may depend upon the condition of the local tissues, the opportunities which they afford for the entrance of the tuberculous virus, and the amount of resistance which they set up against its development. Inherited predisposition is strengthened by the fact that, up to the present time, the evidence of direct conveyance of the disease from mother to fœtus in utero has not been well established in the human species, although undoubted instances have been reported as occurring among certain animals. Dr. Birch-Hirschfeld relates

a case in which a fœtus was removed from the uterus of a woman aged twenty-three, within a few moments of her death from general tuberculosis, without any damage being done to the placenta. Portions of the liver, spleen and kidney of the fœtus produced tuberculous disease when inoculated into rabbits and guinea-pigs, but only in the capillaries of the liver could any tubercle bacilli be discovered. In the placenta, however, the villous spaces were crowded with bacilli. The very limited evidence of tuberculous material in the fœtus might serve as an explanation of the fact that children of tuberculous parents are often born without any manifestations of tuberculous disease, and yet appear to develop tubercle during the first few years of life. A limited infection by the maternal bacilli, perhaps during the process of birth, might remain latent in one or more organs until other circumstances contribute to their development. It is thus possible that confusion may exist between "latent tubercle" and "tuberculous predisposition." That latent tubercle may remain quiescent, especially in bronchial glands, until awakened by an attack of acute disease, such as measles or whooping-cough, is well known. The frequent occurrence of such latent tuberculous foci, without any other evidence of tuberculous disease, goes far to prove that resistance to tubercle is as powerful a factor as predisposition. The congestive influences of valvular disease of the heart and of emphysema upon the connective tissues of the lungs are examples of some of the mechanical causes which constitute resistance.—*Med. and Surg. Reporter.*

#### A NEW OPERATION FOR SPASMODIC WRY-NECK.

W. W. Keen, M.D., has devised and performed the following operation in view of the implication of the posterior muscles of the neck (*Annals of Surgery*, January, 1891) which rotate the head in cases of spasmodic torticollis. The operation consists of the following steps:

*First Step.*—The field of operation having been shaved and disinfected, make a transverse incision about half an inch below the level of the lobule of the ear, from the middle line of the neck posteriorly, or even slightly overlapping the middle. This incision should be two and a half to three inches long.

*Second Step.*—Divide the trapezius transversely.

*Third Step.*—Dissect up to the trapezius and find the occipitalis major nerve as it emerges from the complexus and enters the trapezius. In the complexus is an intra-muscular aponeurosis. The nerve emerges from the complexus at a point between this aponeurosis and the middle line, usually about a half inch below the incision, but sometimes higher up, and then enters the trapezius. It is always a large nerve of the size of a stout piece of catgut, and it is easily found if sought for at the right place.

*Fourth Step.*—Divide the complexus transversely at the level of the nerve. This division should be made by repeated small cuts, so as not to cut the nerve which is our guide, after which dissect the nerve still further down from the anterior surface of the complexus, where it arises from the posterior division of the second cervical. Cut, or better, exsect a portion of the posterior division before the occipitalis major arises from it, so as to catch the filament to the inferior oblique muscle. This divides the *second cervical*.

*Fifth Step.*—Recognize the inferior oblique muscle by following the suboccipital nerve towards the spine. The nerve passes immediately below the border of the muscle.

*Sixth Step.*—Recognize the suboccipital triangle formed by the two oblique muscles and the rectus capitis posterior major. In this triangle lies the sub-occipital close to the spine itself, and be divided, or better exsected. This divides the *first cervical*.

*Seventh Step.*—An inch lower down than the occipitalis major, and under the complexus, is the external branch

of the posterior division of the third cervical to the splenius. When found it is to be divided or excised close to the bifurcation of the main trunk. This divides the *third cervical*.

A drainage-tube and horse hairs are to be inserted, and as the patient lies on the back, although the wound is very deep, the condition is most favorable for good drainage. If desired, the posterior muscles can be united by buried sutures, independently of those in the skin. The after-treatment is the same as for ordinary operations.—*Med. and Surg. Reporter*, January 23, 1892.

#### CURE OF ANTHRAX IN ANIMALS BY THE TOXINES OF PUTRE- FACTION.

In continuance of their researches upon the toxines produced by the tubercle bacillus and upon the influence of the products of the activity of putrefactive organisms on the course of experimental tuberculosis, Kostjurin and Krainsky (*Centralbl. f. Bakt. u. Paras.*, 1891, Nos. 17 and 18) report experiments on animals infected with anthrax, and subsequently injected with putrefaction toxines. In this way the further development of anthrax was arrested, and pure cultivations of this organism lost their baneful effects by the addition of these toxines. Very probably the characters of the soil upon which the anthrax bacillus grows is thus altered. Among the conditions useful to the individual in his contest with pathogenic organisms must be mentioned the heightened temperature due to increased oxidation processes, in addition to the altered reaction and chemical nature of the juices of the body. During the incubation period of infective disease, phagocytosis plays a chief part, and with the further development of the disease there is also this increased temperature. When the toxines of putrefaction are alike introduced into the living body infected with anthrax, and into cultures of the same micro-organism, the sum of the conditions unfavorable to its growth must be much the greater in the former case owing to the activity of the tis-

sues. The toxines were obtained for these experiments from fresh broth or from an infusion of fresh meat, certain precautions being observed. In addition to the arrested development of the disease in rabbits and the lessened virulence of the cultures brought about by these toxines, the authors point out that the injection should be made five to eight hours after infection, and should preferably be repeated in three to four days; that the rabbit must be protected in the meantime from other possible infections; and that no immunity is given by the injections against subsequent anthrax infection. They also refer to the importance of this method if applicable to other animals, to its use in preserving anthrax vaccine, and to its possible employment in other infective diseases.—*British Med. Jour.*, January 23, 1892.

#### TREATMENT OF TETANUS BY TETANUS ANTITOXIN.

Finotti, assistant to Prof. Nicoladoni in the Innsbruck Surgical Clinic, reports (*Wien. klin. Woch.*, No. 1, 1892) another case of tetanus cured by injections of Tizzoni and Cattani's antitoxin (see *British Medical Journal*, January 2, 1892, p. 25, and *Weekly Epitome*, January 23, par. 83). The patient was a boy, aged eleven, who had undergone amputation of the right forearm after a wound of the hand. Ten days after the operation symptoms of tetanus came on. As soon as the antitoxin (prepared from the blood serum of a dog rendered artificially immune to tetanus) could be procured, subcutaneous injections of it were given in various parts of the body. The first injection consisted of 0.15 g. of antitoxin; afterwards 0.20 g. was injected dissolved in 3 cc. of sterilized water. Under this treatment the patient gradually improved, and finally was completely cured.—*British Med. Journal*.

#### A COLD.

It's bad enough to have a cold,  
And yet one might endure it,  
If every fool would not proceed  
To tell one how to cure it.—*Ex.*

# THE "COOL SOUND" AND ITS APPLICATION IN URETHRAL DISEASES.

Dr. J. H. Brik, Vienna, (*Blätter f. Klin. Hydrotherap.*) in speaking of the uses of this instrument, says:

The "cool sound," or psychrophor, is a double current metal catheter without fenestra. The tubes for the inflow and outflow, are provided with rubber tubing, the former being connected with a vessel containing cold water and placed at a higher level, and the latter terminating in a vessel placed on the ground. The catheter is introduced as far as the prostatic urethra, the patient lying on his back, and then the stop-cock of the afferent tube is opened and the current of cold water allowed to circulate through the instrument. This method was first introduced by Prof. Winternitz.

The effect of this procedure upon the healthy urethra, consists in an increase of tone, the production of local anæmia, together with a diminution of the secretions. The sensation of cold experienced by the patient is usually described as very agreeable. Objectively there is observed an energetic contraction of the cremaster muscles, so that the catheter is held firmly when the attempt is made to withdraw it.

If hot water is employed the same tonic effect is produced, but the secretions are influenced in a less degree.

The calibre of the instrument varies between Nos. 20 to 30, according to the size of the meatus. Irrigation of the urethra with an antiseptic solution is unnecessary, since recent experiments have demonstrated the impossibility of rendering the canal aseptic. The catheter must, of course, be disinfected, and is then anointed with a 10 per cent. ointment of salol and lanoline.

The urethral diseases in which the "cool sound" may be employed with advantage are as follows:

1. *Inflammatory Conditions.* — This method is only useful in chronic inflammations of the urethra. In the later stages of gonorrhœa, the inflammatory process extends to the submucous layer, and gives rise to firm infiltrations and

to thickening and narrowing of the urethral canal. In this condition little can be accomplished by internal remedies, or by local application of astringents and antiseptics. It is here that the "cool sound" proves efficient, both on account of the mechanical dilatation produced by it, and the sedative and antipyretic effect of the cold. The procedure, which is employed once daily, is carried out in the following manner: A catheter of moderate calibre (Nos. 20 to 22 Fr.) is slowly introduced into the urethra, and allowed to remain from five to ten minutes, while water having a temperature of 50° to 53° F. is passed through it. Gradually instruments of larger calibre are employed and the duration of the sittings prolonged. As soon as the sensitiveness of the urethra has been reduced, water of a higher temperature (86° to 93° F.) is used for fifteen to twenty minutes. If the meatus is too narrow to permit the insertion of a large-sized instrument, it must be incised. The result of this combined thermo-mechanical effect is rarefaction of the tissues, owing to the pressure of the sound and the softening and absorption of the new formation in consequence of the thermic irritation. The duration of treatment varies from three to four weeks.

Urethral strictures which are also caused by submucous inflammations are treated in the same manner.

2. *Urethral Neuroses.* — According to Ulzmann sexual excesses and chronic gonorrhœa produce changes in the prostatic portion of the urethra which give rise to all sorts of reflex nervous disturbances. The conditions are associated with a hyperæmia of the prostatic portion, and followed by a hyperæsthesia, which in turn produces pollutions and neuroses of motility, sensibility and secretion.

The motility-neuroses appear in the form of a spasm or paralysis of the muscular structures of the anterior and posterior urethra. The spasm of the urethral muscles is shown by the fact that some time after the act of urination has been completed, a few drops of urine dribble from the urethra, which is due to the relaxation of the spasm.

Spasm of the prostatic and membranous urethra is due to the presence of erosions at the vesical neck, etc., and gives rise to considerable disturbance.

In the treatment of these two conditions the aim is to remove the hyperæmia and hyperæsthesia, and this is accomplished most efficiently with the "cool sound." A moderately-sized, well-rounded instrument is carefully introduced and cold water allowed to flow through it for some time. In females, in whom these disorders are of frequent occurrence, a catheter having a somewhat different curve is of great utility.

Paretic conditions of the vesical sphincter are characterized by incontinence of urine, and here the psychrophor is of great value.

In cases of pollutions and spermatorrhœa the main element is a relaxation of the tissues, which manifests itself partly by an increased reflex irritability of the muscular layer of the seminal vesicles, ejaculatory ducts and urethra, and partly by an atony or paresis of these parts. As regards prognosis, two forms or stages must be distinguished; first, one in which there is marked hyperæsthesia and second, one in which the urethra is not sensitive to instruments. It is in the first form that the psychrophor is chiefly indicated. The sittings should last from ten to fifteen minutes, and water of a temperature of  $57^{\circ}$  to  $60^{\circ}$  should be used. The procedure is resorted to daily for three weeks, and the calibre of the instrument is gradually increased, while the temperature of the water is reduced to  $50^{\circ}$  or  $46^{\circ}$  F. In the second form, which is much more obstinate to treatment, warm water is preferable, beginning with a temperature of  $86^{\circ}$ , and limiting the duration of the procedure to five minutes.

In spermatorrhœa the therapeutic indications are to improve the tonus of the smooth muscular layer of the ejaculatory ducts, and this may be accomplished both by the cool or warm sound. The former is first to be tried, and if the effect is not satisfactory, the latter is resorted to.

The sensibility neuroses are frequently associated with those of motility

and secretion. The symptoms comprise hyperæsthesia and neuralgia (abnormal and painful sensations in the fossa naviculare and middle of the pendulous portion). The pains sometimes appear in paroxysms. These conditions, together with neuralgia of the testicle, are frequently cured by this treatment. In sexual neurasthenia attended with impotence, the stimulation of the prostate by the application of cold, and preferably warm water, produces vigorous erections. In cases where there is precipitate ejaculation in coition, due to hyperæsthesia, the "cool sound" acts most efficiently; while in cases where ejaculation is retarded in consequence of a relaxed condition of the seminal vesicles and urethral muscles, warm applications are more suitable.

In neuroses of secretion, such as prostatorrhœa, which are due to chronic inflammations of the urethra, the same method of treatment is indicated.

—*Int. Journal of Surgery.*

#### REMOVAL OF SARCOMA OF THE MESENTERY.

A case has been lately recorded by Professor Llobet, of Buenos Ayres (*Revue de Chirurgie*, August, 1891), in which he removed with complete success a sarcomatous tumor of the mesentery, and at the same time resected a portion of the small intestine almost five feet in length.

The patient, a man aged 23, whilst under treatment for urethral stricture, was found, quite by accident, to be affected with a very movable hard tumor of about the size of the kidney, which was situated within the abdominal cavity in the middle line, about two inches below the umbilicus. The existence of this growth had not been previously suspected by the patient, who asserted that he had not at any time suffered from symptoms of disturbed digestion, or from pain in the abdomen. The growth was free from tenderness, save on forcible compression. In his endeavor to diagnose the nature of this morbid condition, the author was lead to reject the idea of a floating kidney by reason of the absence of urinary troubles,

and of the free lateral mobility of the growth, and, guided by the facts of the swelling in the middle line, and of the absence of pain and of both general and local disturbance, he was disposed to regard it as a tumor of the mesentery. At the end of 1890 laparotomy was performed for the removal of the growth. A globular tumor was exposed involving both layers of the mesentery, and covered in front by a long loop of small intestine. The portion of mesentery between the tumor and the intestine was traversed by numerous large blood vessels. It was thought to be necessary to remove with the tumor the portion of small intestine adhering to its anterior surface. Its retention in the abdominal cavity after dissection from the tumor would, it is held, have exposed the patient to the almost certain danger of relapse and of wide and general diffusion of the disease, and, moreover, the retained portion of intestine would very probably have become gangrenous as a result of removal of the corresponding portion of mesentery, and of arrest of the vascular supply. After a thick ligature of catgut had been applied to the portion of mesentery attached to the tumor, the fixed portion of intestine, the length of which measured one metre and a half, was resected, and the two open ends of the divided intestine were brought together by sutures arranged in two layers, one set being carried through the mucous coat, and the other set through the muscular and serous coats. The tumor was then excised by means of curved scissors, the bleeding being arrested by the application of the thermocautery.

The operation, which was performed with strict attention to all antiseptic precautions, lasted two hours and a half. The patient, who was able to get up and sit in a chair on the fifteenth day from the date of the operation, made a good recovery. The resected portion of intestine which had been taken from the distal part of the ileum contained a round worm. No description is given in this paper of the minute structure of the growth.

Professor Llobet draws from the facts of the case the following conclu-

sions: (1) Whenever a diagnosis has been made of sarcoma or fibro-sarcoma of the mesentery, the surgeon, unless the growth has attained very great dimensions, should resort to extirpation; (2) the operation should be performed as soon as possible, and before the tumor has become very large; it is then less serious, and there is less probability of subsequent generalization of the disease and of its local recurrence; (3) in cases in which the diagnosis is doubtful, the surgeon should perform an exploratory laparotomy; (4) if the intestine be found adherent, even over a considerable extent, there should be no hesitation in performing enterectomy; (5) resection of a considerable length of small intestine is attended with less risk the further the resected portion of intestine is away from the stomach.

—*British Med. Journal*

#### RELATION OF ALBUMINURIA TO SURGICAL OPERATIONS.

In a paper upon this important theme read before the Southern Surgical and Gynecological Association (*Virginia Med. Monthly*, December, 1891) Dr. Long arrived at the following conclusions:

1. Ether or chloroform rarely injure healthy kidneys.

2. When renal disturbances occur from the use of an anæsthetic, the kidneys being healthy, they are due rather to prolonged narcosis, exposure of the patient, or perhaps to the combined influence of the operation and the anæsthetic.

3. A mild degree of albuminuria (nephritis), especially if recent, is not contra-indication to the use of chloroform.

4. Even in the presence of advance and extensive renal changes, an anæsthetic may be employed, provided the patient or the family be advised of the additional risk.

5. Of the two anæsthetics usually employed, it is yet a mooted question as to which is the safer, so far as the kidneys are concerned, unless it be obstetrical operations.

6. While it is by no means the rule

profound functional disturbance and even organic lesions may be induced by an operation, apart from the influence of the anæsthetic.

7. Such renal changes are due to reflex sympathetic action, or to sepsis, or both.

8. Operations in certain regions—notably, the abdominal, genito-urinary, anal, or rectal, are especially liable to produce renal complications.

9. A healthy condition of the kidney *minimizes*, but does not obviate, the danger referred to.

10. Albuminuria is always an indication of renal lesions, and should be regarded with distrust, but is not a positive contra-indication to an operation.

11. When albuminuria is associated with other evidences of advanced renal changes, no operation should be undertaken without candidly stating to the patient or friends the dangers incident to the condition of the kidneys.

12. Paradoxical as it may seem, an operation will sometimes relieve an albuminuria due to acute affections.

13. No surgeon is justified in undertaking an operation without first knowing the state of the patient's kidneys.

—*Med. and Surg. Reporter.*

#### A NEW METHOD FOR RESECTION OF THE ELBOW-JOINT.

Dr. C. Zatti, Bologna, Italy (*Gazzetta Degli Ospitali*), after considering the advantages and disadvantages of the different methods (Erichsen's, Koenig's, etc.), describes his own new method, which is as follows:

The inferior extremity of the humerus is sawed through obliquely so as to resemble the adjusting surface of the corner of a picture frame, and with its surface looking downward and forward. Then the superior articular extremities of the bones of the forearm are sawed through, also in an oblique manner, to form the other adjusting frame-like surface, the latter looking upward and forward.

The surfaces of the bones are now joined, the forearm being placed in a position of semi-pronation and semi-flexion, so that the forearm rests now at

a right angle upon the arm. The particulars of the procedure are: The postero-longitudinal incision is made, followed by separation of the soft parts and the periosteum; the articular extremities are then exposed and dislocation produced, after the method of Langenbeck, the humerus being fixated by an assistant.

A line is drawn which unites the lowest point of the external condyle with the lowest point of the internal condyle. This horizontal line divides the posterior inferior articular surface of the trochlea in its median part.

After this line has been marked out, the saw is conducted through it, being held obliquely, so as to bring it out anteriorly at the inferior border of the coronoid cavity. Thus a surface is obtained which forms with the longitudinal axis of the humerus an acute angle of forty-five degrees. If, however, the morbid process should involve more than the articular processes, the reaction may be practiced more extensively, with the same facilities and equal results. As regards the bones of the forearm, the saw is applied about one and one-half centimetres below the apex of the olecranon, and carried through obliquely below the articular cartilages of the glenoid and sigmoid cavities to come out at the base of the coronoid process of the head of the radius. One obtains, thus, a surface, which forms with the longitudinal axis of the forearm an acute angle of forty-five degrees. Through the above procedure two ample section-surfaces result, which can be well adapted to each other and permit the forearm to rest solidly upon the arm at a right angle. In cases where the junction of the two surfaces is not sufficiently secure, this may be assisted by sutures which are to be introduced at the apex of the angle to be formed. It often happens that one of the surfaces overlaps the other posteriorly. In such cases the osseous projection must be removed in order to avoid irritation of the soft parts, which may cause gangrene. It is, also, of importance to saw through the articular extremities, while an assistant is holding the forearm in a

position of semi-pronation, as this position is the most favorable as regards the function of ankylosed forearm.

The author finally remarks that this method of resection of the elbow-joint perhaps has been used by other surgeons, here and there, but as he has not found it stated in the text-books, he thought it not inopportune to put it on record.—*Annals of Surgery*.

#### THE NEW TREATMENT OF CANCER.

At a meeting of the Royal Society of Physicians of Vienna, November 13, 1891, Prof. Adamkiewicz (*Wiener Med. Presse*) presented a case of extensive epithelioma of the face, which he had treated with a remedy, discovered by himself, and named "cancroin." He does not claim to have found a specific for cancer, but asserts that he has laid the foundation for a rational therapeutics of this disease, by demonstrating the poisonous nature of cancerous tissues. He has succeeded in evoking reactions in cancerous tumors, which, though slight, have produced positive curative effects.

The case reported was that of a man, aged thirty-four years, who had suffered for many years from an epithelioma of the nose, which had gradually extended to the eyelids and forehead, despite the employment of all kinds of treatment. So extensive had become the disease, that excision of part of the lids and removal of the eye had been recommended by a surgeon. The patient then consulted Dr. Adamkiewicz, who began treating him with injections of cancroin on August 25, 1891, the drug being injected into the front and back of the neck, and employed once daily. The first changes noticed occurred in two enlarged glands which were present, the one below the jaw, and the other in front of the ear; the former had disappeared two days after the commencement of the treatment, the latter diminished much more slowly in size. At first the surface of the ulcer, which presented the typical appearance of a destructive epithelioma, was apparently unchanged, but on the

fourth day of treatment a marked redness and elevation of the margins was observed. On the fifth day the sore began to discharge profusely a greenish-yellow secretion; the redness subsided, and the border line between the healthy and diseased skin became to a great extent obliterated, a fine bluish seam alone intervening. On the tenth day of injection, cicatrization commenced at the margins, first on the nasal side, and later, at the inferior margin. The scar extended with great rapidity, the margins of the ulcer contracted, and the infiltration disappeared. On October 12, about four weeks after the initiation of treatment, cicatrization was nearly complete, and November 13, nothing was left of the extensive sore, except a small opening which discharged pus.

Dr. Adamkiewicz thinks that even if the result should not be permanent, the rapidity with which healing was effected is certainly remarkable. Although it is well known that epithelioma may sometimes be cured by the application of caustics or irritants, this in his opinion, could not have happened in his case, inasmuch as the remedy was injected into the neck, and must have acted upon the cancer through the circulation.—*International Jour. of Surgery*.

#### PROGNOSIS IN MANIA.

*The Bulletin* of the Belgian Society of Mental Medicine for December, 1891 refers to Willerding's interesting communications upon the subject of prognosis in mania. The author's study of 322 cases admitted to the Hildesheim Asylum, from January, 1878, to August 1890, includes observations of all kind of mania. Seventy per cent. of all cases recover within a few months. Early restraint has a most beneficial effect upon the course of the disease. Neuro pathic heredity has no unfavorable influence upon prognosis. The outlook is good in mania following slight cranial trauma. The younger the patient, the greater the chance of recovery. In regard to the termination and duration of mania, prognosis is good in so far as it is due to organic, puerperal, or alcoholic cause. Return of menstruation



tion, with coincident slight psychic improvement, is an almost certain sign of ultimate recovery. Among adverse symptoms that necessarily influence prognosis unfavorably are convulsions and paralytic phenomena, the gravity of the case itself, periods of sudden excitement in the course of puerperal mania, or mania following slight cranial traumatism, and abrupt cessation of mania. This sudden termination suggests the strong probability of speedy relapse, or a transition into periodic mania. A notable increase in weight before the mental abnormality has disappeared is an unfavorable sign. Prognosis in periodic mania is always discouraging. Definite and complete recovery is hardly to be expected. After a certain number of attacks of mania, of whatever kind, there is marked weakening of the intellect.—*N. Y. Med. Record.*

#### THE RESULTS OF TREATMENT OF REDUCIBLE HERNIA BY ALCOHOLIC INJECTIONS.

The original *modus operandi* of Schwalbe, says Dr. Theodore Zangger in the *Lancet*, who introduced this form of treatment in 1871, is slightly modified by Dr. Steffen, of Regensburg (Zurich). A 70 per cent. solution of alcohol was used, and from two to four grammes of this fluid were injected round the saccus herniosus (hernial sac) after reposition of the hernia. The treatment was ambulatory; first one or two injections a week were made, then at greater intervals. Before being dismissed from medical supervision the patient had to go without the truss which he used during the treatment. The time of treatment varied from one month to two years and a half or more.

A cure was considered to have been obtained when, at least one year after dismissal of the patient, the hernia was neither to be seen nor felt during coughing or under intra-abdominal pressure, and when the patients, most of whom belonged to the laboring class, had been at their usual work for six or seven months. In 10 per cent. of the cases dismissed as cured the hernia returned, owing to various causes. The age of

the hernia (*sit venia verbo*) was not without influence as to the result obtained, as will be seen from the following list:

Duration of disease.	No. of cases.	No. of cures.	Percentage.
Hernia incipiens . . .	11	11	100
Date, a few years . . .	10	10	100
Under ½ year . . .	44	41	93.2
“ 1 “ . . .	45	41	91
“ 10 years . . .	120	103	84.2
“ 30 “ . . .	52	34	65.4
Over 30 “ . . .	5	4	80
Date unknown . . .	6	3	50

Dr. Steffen comes to the following conclusions: About four-fifths of small and medium-sized reducible herniæ can be cured, the wearing of a truss becoming in most cases superfluous. The prognosis improves the younger the individual, and the shorter the time the hernia has existed. Incipient cases should, therefore, be treated by injections, and not left to the chance of a spontaneous cure under a truss. Ambulatory treatment, with pauses of from four to seven days, gives better results than daily injection whilst keeping the patient in bed. In most cases the patient does better to continue his usual occupation, wearing a truss during the time of treatment. This method is also adapted to herniæ which cannot be retained by a truss, the latter being able to be worn, and keeping back the hernia after a course of treatment. In a few cases only toxic effects (alcoholism, urticaria, vertigo) were observed. This method of treatment is not entirely without danger; but accidents will be rare if due care is taken and regard paid to the anatomy of the respective parts.—*Med. and Surg. Reporter*, January 23, 1892.

#### CEREBRAL GOUT.

A case of cerebral gout is recorded by A. Lo Re (*Gazz. degli Ospitali*) in a man aged sixty-six.

The patient in his youth had lived very unsteadily, and, without having contracted syphilis, had acquired a urethral stricture. He had had several attacks of polyarthritis rheumatica, and almost every year had recurrences of a very troublesom iritis. In November,

1883, one of these attacks came on, and at the end of the following month, the iritis being cured, he had an attack of violent neuralgic pain in the right eye, extending over the temple and malar prominence, and accompanied by great excitability and irritability of temper. Recourse was had to quinine and valerian, with temporary benefit. Nervous phenomena of the following character then appeared: Sudden giddiness; confusion of ideas; wish to micturate without ability to do so; dimness of sight; right pupil irregular and constricted by the antecedent iritis, the left being widely dilated. The patient was also troubled with delusions, believing he had taken atropine instead of quinine. Speech was confused, syllables being run together, and ideation was very imperfect; the pulse was very frequent, respiration being slow and deep. There were no disturbances of sensory or motor functions, and the eyes and ears were stated to be normal. The attack ended with the passage of much urine, a tendency to sleep, and gradual disappearance of the other symptoms.

These attacks were repeated on several occasions, and were accompanied by gouty manifestations, especially in the great toe and other toe-joints. Lo Re thinks that the case is almost certainly one of cerebral gout. — *Supp. British Med. Journaal.*

#### EXOPHTHALMIC GOITRE.

Dr. Ch. Eloy, in the *Revue Générale de Clinique et de Thérapeutique*, 1891, No. 36, p. 565, gives a brief account of the most valuable methods of relief of this rebellious disease. Under the heading of external treatment he praises hydrotherapy as a means of diminishing the nervous excitability and the tachycardia. The employment of electricity is insisted upon: faradic, bilateral applications for ten minutes with the positive pole at the nape of the neck and the negative over the carotids, and for five minutes over the tumor; galvanic currents of moderate intensity with positive pole over the præcordial region and the negative at the nape of the neck. The internal

treatment consists of the alternating administration of preparations of arsenic and the bromides. Arsenious acid is to be prescribed in increasing doses for a week; during the next week to be replaced by bromide of potash, in two daily doses, to be taken in an alkaline mineral water. If a mineral water is deemed necessary the ferruginous waters are preferred. The hygienic treatment consists of the absolute interdiction of tobacco, tea, coffee, and alcohol, all violent efforts, emotions, and muscular fatigue. A milk diet is insisted upon. The success in treatment presupposes a docile patient, absolute obedience to the régime, and considerable patience on the part of both patient and physician. — *Am. Jour. Med. Sciences.*

#### CALOMEL IN TYPHOID FEVER.

De Simone (*Rif. Med.*, December 12, 1891) is of opinion that, whereas during the first ten days of enteric fever the high temperature is due to systemic infection with the specific typhoid bacillus, after that period the fever is of a different type and is mainly due to secondary infection with other bacteria derived from the intestine, which find easy access to the tissues through the inflamed and ulcerating Peyer's patches. Having found in calomel an excellent intestinal disinfectant in epidemics of cholera and dysentery, he has tried this drug in cases of typhoid with very good results. He gives small doses (five centigrammes with one centigramme of opium) every two to four days. It has no influence on the fever of the first seven to ten days (that due to the presence of the *B. typhosus* in the tissues), but after this he has found that in many instances it completely cut short the secondary oscillations of temperature (probably by a disinfectant action on the intestine).

De Simone therefore concludes that: (1) In calomel we possess an excellent intestinal antiseptic; (2) small doses are powerless to arrest the fever of the first period of typhoid, but completely cut short that of the later period; (3) they act in this case as energetic disin-

fectants of the typhoid ulcers and protect them from the pathogenic microbes of the intestine.—*Supp. British Med. Journal.*

## CRANIECTOMY.

At a meeting of the Académie de Médecine, on January 27, Prengrueber (*Sem. Méd.*, January 27, 1892) reported the case of a boy, aged nine, suffering from simple idiocy with microcephalus, whom he had successfully treated by craniectomy. He made an opening on the left side of the skull eleven centimetres in length by two in width. In the neighborhood of the left fronto-parietal suture of that side there was a bony prominence forming a true exostosis on the inner as well as on the outer surface of the skull and compressing the brain. As soon as the patient recovered from the anæsthetic, he asked for food and wished to get up; moreover, "in the first moments following the operation it was clear that the child had already improved as regards his cerebral functions." His general appearance was better than before, his judgment had increased, his speech was more intelligible. The next day the dribbling of saliva from the mouth had ceased, and the boy had already learnt to blow his nose, which he had never done before. He used to let toys fall out of his hands, and never knew how to play even with those of the simplest kind, but after the operation he learnt to play a trumpet and to fire a toy cannon. He was also much cleaner in his habits, and did not pass water in his bed or in his clothes as he had always done previously.

Prengrueber recognizes that, however satisfactory these immediate effects of the operation may seem to be, it will not be possible to pronounce definitely as to its results till after the lapse of many months or even years. He attributes the improvement which has already taken place to the removal of general and local compression of the brain, and a more perfect supply of blood to the compressed parts.—*British Med. Jour.*

## Miscellany.

## HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending February 19, 1892:

WARD.	Measles.		Scarlet Fever.		Whooping Cough.		Diphtheria.		Croup.		Typhoid Fever.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....	2											
2.....	5		4									
3.....												
4.....	1		3				2					
5.....	1											
6.....	2		1				2					
7.....			2				1					
8.....	4		2				1					
9.....	1		1									
10.....	2		2				1	2				
11.....							3					
12.....	1						3					
13.....					1		2					
14.....							1					
15.....	2		1									
16.....	1		1	1			1					
17.....	1		4				2					
18.....												
19.....			4									
20.....	1		2				1					
21.....								1	1			
22.....	1		2				1	2		1		
23.....							1				1	
24.....	1						2					
25.....			2									
26.....							2	1			2	
27.....	1		12									
28.....	1		2				1					
29.....			3									
30.....							1	1				
Public Institutions.....								1				2
Totals.....	28		49	1	1		26	10	1	2	3	2
Last week.....	19		23	1	9		37	6	1		4	2

## Mortality Report for the week ending February 19, 1892:

Cerebro-Spinal Meningitis.....	2
Diarrhoea.....	3
Influenza.....	6
Other Zymotic Diseases.....	17—28
Cancer.....	4
Phthisis.....	8
Other Constitutional Diseases.....	8—20
Bright's Disease.....	4
Bronchitis.....	16

Gastritis.....	2
Heart Disease.....	6
Meningitis.....	1
Nephritis.....	1
Pneumonia.....	15
Other Local Diseases.....	18-53
Deaths from Developmental Diseases.....	17
Deaths from Violence.....	2

Deaths from all causes.....	130
Annual rate per 1,000.....	22.53
Deaths under 1 year.....	32
Deaths between 1 and 5 years.....	22-54
Deaths for corresponding week of 1891.....	108
Deaths for corresponding week of 1890.....	134
Deaths for corresponding week of 1889.....	103

J. W. PRENDERGAST, M.D.,  
Health Officer.

## OHIO HEALTH BULLETIN.

Infectious Diseases reported to the Ohio State Board of Health in 54 cities and towns during the week ending February 19, 1892.

<i>Diphtheria:</i>			<i>Typhoid Fever:</i>		
	Cases.	Deaths.		Cases.	Deaths.
Ada.....	5	..	Cincinnati.....	3	2
Akron.....	3	..	Cleveland.....	3	..
Bellevue.....	3	..	Crestline.....	3	1
Chillicothe.....	1	1	East Palestine.....	1	1
Cincinnati.....	26	10	Elmore.....	1	1
Cleveland.....	15	3	Fairfield.....	5	2
Clyde.....	1	1	Fostoria.....	2	1
Columbus.....	7	3	Gallipolis.....	2	..
Coshocton.....	1	1	Hamler.....	3	..
Elmwood.....	2	2	Leetonia.....	1	1
Greenville.....	1	..	New Lisbon.....	1	..
Ravenna.....	1	..	Youngstown.....	1	..
Sandusky.....	2	1	<i>Scarlet Fever:</i>		
Sidney.....	1	1	Bellefontaine.....	7	1
Springfield.....	1	1	Chillicothe.....	5	..
Toledo.....	2	1	Cincinnati.....	49	1
Versailles.....	1	..	Cleveland.....	8	1
West Liberty.....	2	..	Columbus.....	7	1
Youngstown.....	1	1	Coshocton.....	12	..
<i>Measles:</i>			Elmore.....	3	..
Akron.....	1	..	Elmwood.....	2	..
Cincinnati.....	28	..	Fairfield.....	1	..
Cleveland.....	16	..	Gallipolis.....	2	..
Lima.....	3	..	Greenville.....	3	..
Springfield.....	8	..	Lima.....	1	..
Youngstown.....	37	..	Logan.....	2	..
<i>Whooping-Cough:</i>			Madisonville.....	2	..
Akron.....	1	..	New Lexington.....	1	..
Cambridge.....	1	..	Ohio City.....	5	..
Cincinnati.....	1	..	Portsmouth.....	2	..
Leetonia.....	2	..	Springfield.....	2	..
New Lexington.....	10	..	Toledo.....	9	..
Sidney.....	9	..	Urbana.....	2	..
Versailles.....	2	..	Wooster.....	3	..
			Wyoming.....	1	..
			Youngstown.....	11	1

No infectious diseases reported to health officers in 13 towns.

C. O. PROSSER, M.D., Secretary.

## Bibliography.

### MEDICAL LITERATURE REVIEWED TO DATE.

#### PHYSICAL DIAGNOSIS: A Guide to Methods of Clinical Investigation.

By G. A. GIBSON, M.D., etc., Edinburgh Medical School, and WILLIAM RUSSELL, M.D., etc., Edinburgh. D. Appleton & Co. For sale by Robert Clarke & Co. Price, \$2.50.

This volume is a neat American reprint of an English edition which appeared in 1890. It is an octavo of 375 pages and in style and appearance is attractive. The work is divided into ten chapters, of which the first is introductory, the second devoted to methods and terms, the third to temperature, the fourth to the integumentary system, the fifth to the circulatory, the sixth to the respiratory, the seventh to the alimentary, including the abdominal viscera, the eighth to the urinary, the ninth to the nervous system, while the tenth is given to examinations of the eye, ear, larynx, and naso-pharynx. This outline will show the comprehensive character of the work in the ground which it covers, at least.

There are ninety-nine illustrations, which add much to the clearness and value of the work. The definition of terms is clear and succinct, but the space devoted to this is quite limited. Twenty-six pages are devoted to the integumentary system, and many of the diagnostic points in various skin affections are well brought out, though the resumé is necessarily quite incomplete. Seventy-two pages are given to the circulatory system, and here the results are much more satisfactory. Especially is the treatment of valvular murmurs and diseases of the heart thorough and exhaustive. The respiratory system takes up sixty-two pages, and is also comprehensive and clearly outlined. To the alimentary system forty pages are given, to the urinary seventy-two, and to the nervous system fifty-four. Urinalysis is outlined at considerable length, and nothing essential is omitted, though there is necessarily but little

that is new. The illustrations in this part, as well as in the circulatory, respiratory, and alimentary chapters, are well chosen and valuable.

The style of binding and the quality of the paper are such as to render the volume attractive.

We can commend the volume as reliable and a satisfactory presentation of the subject.

#### **SURGERY: A Practical Treatise, with Special Reference to Treatment.**

By C. W. MANSELL MOULLIN, M.A., M.D., Fellow of the Royal College of Surgeons; Surgeon and Lecturer on Physiology to the London Hospital; formerly Radcliffe Traveling Fellow and Fellow of Pembroke College, Oxford, England. Assisted by various writers on special subjects. With five hundred illustrations. Published by P. Blakiston, Son & Co., Philadelphia, 1891.

We have carefully examined this work, and can truthfully say that it is the best of the condensed works on surgery in the English language. It is based upon modern ideas, it teaches modern surgery, and gives a very intelligent description of the subjects treated. The title of the book calls attention to the fact that the subject of treatment has been made of primary importance, and the book fully justifies the announcement.

Perhaps a valid objection to the book is that it makes a very large, unwieldy volume. We believe the book should have been in two volumes, as was the original edition published in England. This would have added to the usefulness of the work.

A large proportion of the illustrations are old, taken, we believe, from older English works on surgery. New illustrations throughout would have been an improvement. The new illustrations employed are good, clear and satisfactory.

The last objection that we see is in the chapters "on special subjects." It would have been better, in our judgment, to have left these "special subjects" for special treatises. They add much to the bulk of the volume, but not much to its usefulness.

In conclusion, we feel that strict

justice compels us to say that we know of no work on surgery that can be as highly recommended to students as the volume before us. For practitioners (surgical) the book forms a valuable condensation of modern surgical thought, and should be in their possession as a book to be consulted frequently.

#### **ESSENTIALS OF MEDICAL ELECTRICITY.**

By D. D. STEWART, M.D., and E. S. LAWRENCE, M.D., Philadelphia. W. B. Saunders, Publisher, 1892.

This is a little volume of one hundred and fifty pages, the first seventy-five of which are taken up with a description of terms and apparatus. The chief objection to this portion is that it is rather too conspicuously an advertisement of one manufacturer's line of goods. The next thirty pages are devoted to the physiological effects of electricity with a further description of the terms used. Twenty pages are given to a general description of the methods of using electricity as a curative agent and in diagnosis, while special electro-therapeutics occupies only about twenty-five pages of the volume. The description of terms and apparatus is concise and clear, and for the busy practitioner the work will prove valuable as a ready means of refreshing the memory on this technical subject.

#### **MASSAGE AND THE SWEDISH MOVEMENT.**

By K. W. OSTROM. Philadelphia: P. Blakiston, Son & Co.

We have received and examined a manual of "Massage and the Original Swedish Movements," by K. W. Ostrom, a book of 139 pages, which is an excellent epitome of the subject of which it treats. It is the briefest possible introduction to massage, its various modes, and their application to various parts of the body and to varying conditions consistent with its being helpful in giving a view of the field covered by this subject. The various positions and movements which enter into the "Swedish

Movement Cure" are briefly given, and their application to specific functional derangements, pathological conditions, and deformities. To complete the work, which in itself is a useful compend, a list of the works of forty writers upon this subject is appended.

The writer concludes with a plea for thorough preparation for the practice of massage and the movement cure, which should be intelligent to be effective.

A. T. HALSTED.

#### BROCHURES RECEIVED.

Empiricism — Rational Practice — Practice Under Guidance of Laud. By Charles S. Mack, M.D., Ann Arbor, Mich. Reprint from *North American Journal of Homeopathy*.

Notes on General vs. Local Treatment of Catarrhal Inflammations of the Upper Air-Tract. By Beverly Robinson, M.D. Reprint from *The Climatologist*.

The Surgical Treatment of Pyloric Stenosis. By N. Senn, M.D. Reprint from *N. Y. Medical Record*.

Stricture of the Rectum. By Chas. B. Kelsey, M.D. Second edition. Enlarged.

#### A NEW FORM OF SUTURE.

Opossum tail sutures are coming into vogue in America. The tail of this animal has many long and strong fibres, which, according to H. O. Marcey, of Boston, assumes the purposes of ligatures much better than catgut. From observations which he had made in cases in which he used the kangaroo tendon, he found that the tendon had not been absorbed or encapsuled, but had become part of the living tissue. He had often availed himself of the opportunity to prove this fact in the case of vessels which some time previously he had tied with the tendon.

—*Med. Press and Circular*.

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—*Landois and Sterling*.

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—*Materia Medica and Therapeutics*, Dr. Mitchell Bruce.

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{ WHOLE VOLUME  
LXVII.

## CONTENTS.

### ORIGINAL ARTICLES.

- A CHEMICAL CURE FOR CONSUMPTION AND ASTHMA. By  
W. R. Amick, A.M., M.D., Cincinnati. 297  
METRITIS AS AN INITIAL LESION IN PELVIC DISEASE;  
Its Complications and Treatment by Electricity. By  
G. Betton Massey, M.D., Philadelphia, Pa. 308

### SOCIETY REPORTS.

- CINCINNATI MEDICAL SOCIETY.  
Meeting of February 9, 1892.  
Removal of the Appendages for Insanity.—Removal  
of the Appendages for Hystero-Epilepsy. By  
E. S. Ricketts, M.D. 313

### ACADEMY OF MEDICINE.

- Meeting of January 18, 1892.  
Pyosalpinx Not Always Due to Gonorrhœa. By  
Thad. A. Reamy, M.D. 315

### CORRESPONDENCE.

- DRUNKENNESS. By W. R. Amick, M.D., Cincinnati. 316

### TRANSLATIONS.

- Operations on the Digestive Tract in the Abdomen. 318  
THERAPEUTIC NOTES. By F. H. Pritchard, M.D., Nor-  
walk, O.  
Naso-Pharyngeal and Laryngeal Syphilis. 316  
Prophylactic Treatment of Angina Pectoris.—Tri-  
chloracetic Acid. 317  
Cardiac Ectasia of Young Persons.—Post-Partum  
Eclampsia.—Boracic Acid in Typhoid Fever. 319

### EDITORIAL.

- THE RELATION OF MEDICINE TO SOCIOLOGY. 320  
THE LEGISLATIVE SITUATION. 321

Contents continued on Advg. p. 5.

See Advertisement "VIN MARIANI" on Insert page x.

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*Whole Volume LXVII.*

### Original Articles.

#### A CHEMICAL CURE FOR CONSUMPTION AND ASTHMA.

BY

W. R. AMICK, A.M., M.D.,

Professor of Ophthalmology in the Cincinnati College of Medicine and Surgery; formerly Professor of Ophthalmology and Otolaryngology in the Woman's Medical College, of Cincinnati, and Resident Physician in the Cincinnati Hospital; member of the Cincinnati Medical Society.

#### CONSUMPTION.

Consumption, or to be more definite, phthisis pulmonalis or pulmonary tuberculosis, causes more deaths than any other disease that physicians have to contend with, and yet the treatment that is generally prescribed is not successful. It may palliate for awhile, but it does not stop the ravages of the disease. There may be a temporary relief, but, as a rule, it does not last long.

In studying this subject we have examined the formulas of thirty of the consumption cures, cough mixtures and lung balsams that are advertised in the newspapers, magazines, journals and by circulars, and find that nearly all of them contain morphine or opium in some form. Opium or morphine, when first taken by a person with lung trouble, may give temporary, but deceptive relief. The effect of these drugs on a person having consumption is not desirable, as their tendency is to prevent a return to a healthy condition.

Another thing that I noticed while making the examination of these advertised remedies was, that a large number of the medicines used in preparing these compounds are not only perfectly useless, but some of them are absolutely injurious; yet these people,

who are generally ignorant, not only of the theory and practice of medicine, but of the therapeutic action of drugs, pretend that they have a remedy that will cure diseases that have baffled the skill of our best physicians.

The ordinary advertised so-called cures for consumption, asthma and coughs contain such ingredients as morphia, opium, tartar emetic, ipecac, wild cherry, sanguinaria, licorice, catnip, chamomile, comfrey, hops, henbane, hyoscyamus, honey, tolu, molasses, etc. In our opinion these drugs never cured a case of consumption or asthma, and never will. In the case of a sick person taking some of these nostrums, nature has two foes to contend with, the disease and the medicine. In some cases she is successful in spite of the treatment, and then the medicine is lauded as a great cure for that disease.

These advertised remedies are not expected (with an expectation born of medical knowledge) to cure these diseases, but are intended solely to make money for the proprietor of the nostrum. We cannot expect to cure any malady, much less such serious diseases as consumption and asthma, with cheap, poor, useless and adulterated drugs. It is not the size of the bottle, but what it contains, that makes it of service in treating a given disease. A few drops or grains of the proper medicine will do more good than a pint of some miscellaneous compound. Let the educated and intelligent physician test the treatment in his own practice, and if there is merit in it he will say so. He is the one that should be the judge, and a remedy that will not stand the test in his hands cannot truthfully be called a cure for the disease.

To successfully treat consumption or asthma the cause must be taken into

consideration. Frequently it depends upon an hereditary origin which predisposes to these diseases, although one disease in the parent may produce another in the child. The constitution may be weakened from hereditary or acquired causes, the elements of resistance to disease are reduced and conditions favorable to their reception are produced.

Bronchitis of the smaller tubes and chronic lobular pneumonia are the starting points of a large number of cases of consumption, independent of any hereditary tendency. From exposure, or other causes, a person contracts bronchitis or catarrhal pneumonia. After a few days the acute stage passes off, but there remains a little cough, or weakness, or shortness of breath, or pain, a little flushing or fever in the evening, want of normal vitality and ambition, variable appetite, etc. This condition gradually paves the way for the production or development of the disease, and slowly but surely weakens or destroys those elements that are essential for health. These elements form the resisting power of the constitution, and when they are weakened or reduced the system becomes negative, and is then more readily influenced by disease. Health means harmony of action in and between the different organs of the body, but in this disease there is a conflict going on which becomes a struggle for life against death.

The treatment of consumption which we have instituted is based on the following: Pulmonary consumption is a disease which invades the lungs because the oxidizing elements of the body have been changed, reduced, or do not exist in the proper quantity and quality. A deficiency in these elements means a decrease in oxidation, and this lowers vital action and lessens organic metamorphosis. The protoplasm is not sufficiently oxidized to take on higher vital action, or to be disintegrated previous to excretion. This incomplete action forms a pathological deposit called tubercles, and they form the nidus for the development of the bacilli.

These tubercles may be deposited in different organs of the body, but their elective affinity for the lungs may be from the endosmotic and exosmotic action in incomplete oxidation, causing irritation of the mucous membrane. The irritation produces a certain amount of congestion, and this furnishes a favorable soil for their development. The irritation may be caused by inhaling dust, vapors, etc. The resisting power of the constitution then gradually decreases, until it is not equal to the force exerted by the disease. As a result inharmony is produced, the system becomes negative, the disease gains more and more power, becomes positive and gradually advances, while the patient gradually declines. Then it becomes simply a question of time as to how long this conflict can continue until the victim dies, unless something is done to stop the destructive process.

A treatment, to be successful, must correct the faulty oxidation and increase or supply the reduced or wanting elements; it must increase the resisting force of the constitution and allay the inflammation and irritation which exists in the lungs. We have arranged our treatment to meet these indications and it is necessarily divided into three parts. These three parts are: first, medicine put up in the form of tablets; second, medicine in a fluid form, and third, an inhaler and medicine for the inhaler. The tablets are for the purpose of supplying or increasing the elements that are wanting. No treatment can be successful that does not supply the system with the elements that the disease is destroying. The tablets then are one of the most important factors in this treatment. The drops are to allay the irritative and inflammatory tendency and build up or develop the resisting force of the constitution. The inhaler is for the purpose of allaying the inflammation and irritation in the lungs and relieve the cough. It is simply palliative, and does not remove the cause, yet it is indispensable in this treatment.

In all diseases of the lungs, such as asthma, chronic bronchitis, catarrh and consumption, we have to contend with

this condition in a different form and degree in the different diseases. Scrofula is an incomplete or milder form of tuberculosis than consumption.

The general plan of treating consumption is to give a cough syrup containing an expectorant and an opiate, medicine for the system like cod-liver oil, malt extracts or hypophosphites in combination, and a stimulant, generally whisky. The results prove that this method of treatment is not a success.

In our treatment we aim to strengthen the constitutional fortifications and at the same time weaken those of the enemy. We aim to attack the cause and remove it as speedily as possible from the body and at the same time furnish the system with a supply of the elements that have been reduced or destroyed.

This treatment is productive of good results in asthma, chronic bronchitis, chronic pneumonia and consumption in all of their various stages. You may ask, how can this be when there are so many different conditions to contend with? Experience has demonstrated that it is true that these diseases can be successfully treated with this method and the reason why is, because, these remedies act on the same principle as water when a man is thirsty. It is not the size, age, nativity, color or social position of a man that causes thirst, but it is because the water element in the body has been reduced until there is a demand on the part of the system for more. In our treatment we are governed by precisely the same principle. We have not followed in the footsteps of others, but have departed from the well-worn paths, and therefore have a just right to say that it is a new cure for both consumption and asthma.

One grand feature with this treatment is, that it is not dangerous and there are no risks to run. It can be easily carried out by any one, and can be used by asthmatics or consumptives in any stage of the disease with the full assurance that it cannot possibly do any harm but is bound to be productive of good. As a rule the night sweats stop and the expectoration be-

comes lessened or thinner the first week in consumptives under this treatment, and asthmatics notice an improvement in a few days.

No sane person will suppose that any treatment will cure a given disease after it has passed a certain limit. Consumption is no exception. We may stop the development of the tubercles, but the destructive process may have extended until it is impossible for harmony to be restored in the organism to a sufficient extent to continue life. If we could focalize life in a tablet then we might be able to rejuvenate senility and fill a cavity in the lung with healthy tissue.

Chemically pure pyrogallic acid is considered by some to be a specific for hemoptysis. It may be given in one grain capsules every hour or used in the form of a spray in a solution two or three grains to the ounce of water.

#### ASTHMA.

In asthma there is more or less congestion and irritation of the bronchial mucous membrane. This irritation acting on the vaso-motor system causes a contraction of the capillaries and is the first part of a paroxysm. If it does not extend any farther the paroxysm is slight. If the irritation is decided it produces a contraction of the circular muscular fibres of the bronchial tubes. This lessens the size of these air channels, and to that extent acts as an obstruction to the free passage of air both to and from the air cells. The larger the amount of irritation the greater the contraction, the greater the contraction the smaller the caliber of the bronchial tube, and the smaller the caliber of the tube (from the contraction) the greater the effort required to force the air through them, and hence the harder the paroxysm. This condition of contraction, which produces the paroxysm, may pass off in a few minutes and it may last from one to several hours. A severe paroxysm may pass off in a half hour or in an hour, but it may be followed by some wheezing and shortness of breath which will last for a day or two. The paroxysms are the explosions caused by the irritation. After

the paroxysm has passed off it is only a question of time until another one will come on.

There are three general classes of asthmatics. During the intervals between the paroxysms the first class are entirely free from all asthmatic symptoms and are perfectly well. The second class during the interval do not have the symptoms manifest all of the time, but are conscious of the fact that they are asthmatic, and extra exertion will produce wheezing and shortness of breath. The third class are the confirmed asthmatics, and are practically never free from some of the symptoms.

Asthma is a disease that is frequently hereditary, and the offspring may have the asthmatic predisposition or diathesis in the system. By heredity we do not wish to convey the impression that the parents must necessarily have been asthmatic. To treat a case intelligently and successfully, that is, so as to remove the asthmatic habit and tendency from the system, a history of the case and also of antecedents is essential.

In asthma, either from hereditary or acquired causes, all that is necessary to bring on a paroxysm is to have an exciting agent. Dust, vapors, smoke, fog, fatigue, over-exertion, excitement, etc., may bring on an attack. I know a lady to whom the sight of a rabbit always brings on a paroxysm. Some people have it at certain seasons of the year, lasting for a time, and are then free from it until that season arrives again. This would indicate that an exciting agent was produced at that particular time of the year. Others have it at any and all times, with and apparently without provocation.

Consumption and asthma may be and are frequently hereditary, but the simple fact that they are hereditary, and that the person was born with this predisposition, is no proof that the disease itself cannot be cured, and the diathesis eradicated from the system with the proper course of treatment.

With this treatment an attack of asthma can be cut short, or the severity of the paroxysm mitigated, and this cutting short one attack lessens the force of the next, and the relief thus

obtained from hours of agony and suffering is of untold value to the asthmatic, even if that was all the benefit that he received; but no person supposes that the *asthmatic habit* can be overcome in a few days. This requires constitutional treatment, and care must be taken to remove the cause. But what every body is most interested in is

## THE RESULTS OF TREATMENT.

### CONSUMPTION.

*Case I.*—Mrs. Kane. Previous duration of disease, four months. Father died of hasty consumption. Symptoms: cough, expectoration, fever, rapid loss of flesh and strength, loss of appetite, dyspnoea and palpitation. Said she was declining like her father, and did not expect to live long. Began treatment May 2, 1881. Continued the treatment three months. Result: restored to perfect health, and from that time to the present, a period of nearly eleven years, has not had any trouble with her lungs. In the spring of 1891 she had a severe attack of la grippe, but it did not affect the lungs.

*Case II.*—Wm. Kemery. Previous duration of disease, three years. Symptoms: cough, moist râles, with free expectoration, loss of flesh, strength and appetite, night-sweats, hectic fever, pinched features, pain in the lungs, and dullness in upper portion of both lungs. Began treatment October 22, 1891. Duration of treatment, two months. Result: complete recovery. Mr. Kemery lost about fifty pounds in weight. Gained thirty-two pounds in six weeks under treatment. Was reduced to about 130 pounds, at present weighs 170. He is an engineer at 243 Sycamore Street, and although his work is very hard on the lungs, being exposed part of the time to the furnace, and then to the cold wind and dust, yet he is in perfect health.

141 GARFIELD PLACE,  
January 31, 1891. }

I hereby certify that I have made a careful physical examination of the chest of Mr. Wm. Kemery, at the request of his physician, Dr. W. R. Amick, and find no evidence whatever of disease of the lungs. There are no moist or dry râles, the respiratory murmur is full, and

not raised in pitch, nor the expiratory sound prolonged. The vocal fremitus is normal, and equal on the two sides. The expansion of the chest is four inches.

A. B. RICHARDSON, M.D.  
Professor of Mental Diseases in the Miami Medical College and the Woman's Medical College, of Cincinnati; formerly Superintendent of the Insane Asylum at Athens, Ohio.

**Case III.**—Mrs. Winkelman. Duration of disease, one year. Hereditary. Has spit up blood on numerous occasions, and has had several hemorrhages. Symptoms: hectic fever, night-sweats profuse, cough hard and tight, almost constant day and night. Expectorates a thick, tenacious muco-purulent sputa, nummular, sinks in water; loss of appetite, flesh and strength. Decided dullness all over the upper part of left lung, front and back. Moist râles both on inspiration and expiration in lower part of left lung and upper part of right. The râles were so loud in this case that when she was in one room a person in an adjoining room could count her respirations without seeing her. Began treatment October 20, 1891. First week, the night-sweats ceased. Third week, the cough had entirely ceased at night, feeling better in every respect, appetite and strength improving. Fifth week, thinks that she is strong enough to run a sewing-machine, left the city, and I have not heard from her since.

**Case IV.**—(Reported by D. S. Brown, M.D., of Kentucky.)

KANE, KY., January 22, 1892.

*Dear Doctor:* In reply to yours of late date will say in reply that my wife is still improving on your treatment. She had been troubled with a long, continuous cough, had lost considerable flesh, and had night-sweats. She would cough up a heavy, muco-purulent sputa, but since using your treatment she has gained fifteen pounds of flesh, looks well, and is improving rapidly. While she was suffering with la grippe she continued the treatment, and I have reason to believe it to be good in that disease.

DR. D. S. BROWN.

**Case V.**—Grace Wheeler. Duration of disease, nine months. Symptoms: fever, night-sweats, cough, expectoration, loss of flesh, strength and appetite. Constant pain in both lungs. Not able to get out of bed without assistance. Not expected to live more than a week. Debility so great from constant cough-

ing that she was completely prostrated. For the last two months has been spitting up from a pint and a half to two pints of muco-purulent material every night. Began treatment November 26, 1891. Result: in ten days was able to be out of bed during the day, night-sweats had ceased, and appetite and strength improving rapidly. Four weeks, does not cough at all at night, says that she does not want a better appetite, has but little cough, and feels much better. Six weeks, has no cough, and says she feels as well as she ever did.

**Case VI.**—Amanda Tarvin, Kane, Ky. Duration of disease, six months. Cough, expectoration, fever and chills, loss of flesh, strength and appetite. Began treatment about January 1, 1891. I did not see this lady. By request of Dr. Brown her brother called on me and obtained the treatment for her. January 11, Dr. Brown reports her improving and feeling much better. February 10 her brother stated that she was about well and feeling as well as she ever did in her life.

**Case VII.**—(Reported by Prof. R. C. S. Reed, M.D., of Stockton, O.):

*Dear Doctor:* In compliance with your request, permit me to say that Miss L—H—, aged twenty-eight, has the following history: Duration of disease, two years. Hereditary, the grand-father, the mother, a brother, sister, an uncle and an aunt all having died of consumption. Symptoms: cough, fever, night-sweats, loss of flesh and strength, with variable appetite. Two months' careful treatment gave no favorable results. The patient was then sent to Pueblo, Col., where she remained about eight months, during which time there was a decided change in the symptoms for the better and she gained fourteen pounds. She then came home under the promise to return should the symptoms again become severe. This, however, she failed to do until she had lost nearly or quite all the gain. She then went to Pueblo a second time, but failing to obtain the relief expected she became discouraged, and after a stay of six weeks her physician at Pueblo, Dr. R. W. Corwin, advised her return home. He said to her that she could be as well cared for at home, and stated to her friends that she would die. I saw her soon after her return and fully endorsed Dr. Corwin's opinion.

The next day, January 5, 1892, you saw the case with me. Since that time the chemical treatment for consumption has been steadily pursued, except during an attack of influenza it was laid aside for a few days. I

might say in this connection that the battle is on, but victory is not yet in sight. That she is alive to-day is a surprise to her friends who saw her on her return. She holds up well, and in the midst of very grave fears we are hopeful. Her lung capacity has increased and her pulse lessened in frequency. She has less night-sweats and a good appetite, but as yet she does not increase in weight or strength. Very truly,  
R. C. S. REED, M.D.

Dean and Professor of Materia Medica, Therapeutics and State Medicine in the Cincinnati College of Medicine and Surgery.

*Case VIII.*—Mrs. Margaret L—, aged sixty-five. Duration of disease, ten months. Symptoms: fever, temperature at first visit, January 5, 1892, 103.6° F., pulse 120. Cough hard and straining, with a heavy, thick, tenacious muco-purulent expectorate, raising six ounces during the night. Loss of flesh, strength, and appetite, with night-sweats. Dullness in upper portion of left lung, front and back. Constant pain in region of dullness. Moist râles in upper portion of right lung, both on inspiration and expiration. Pain in this region and under shoulder blade on coughing. Complains of pain all along lower border of ribs caused by the hard coughing spells that are required to dislodge the tenacious expectorate. Placed her upon the chemical treatment on January 5, 1892. January 28 she was able to get out of her bed and sit in a chair for a couple of hours. No more night-sweats, appetite and strength much improved. Continued the treatment, and at the present time, February 19, she has no pain whatever in the lungs. Dullness has disappeared; still has some cough, but it is not severe; appetite good, regaining strength nicely, and doing her own housework.

The following cases are reported by M. L. Amick, M.D., Professor of Anatomy and Diseases of the Nervous System in the Cincinnati College of Medicine and Surgery.

*Case IX.*—Mike S—, aged twenty-eight, married. I was called to attend him November 17, 1891, as a consumptive patient, the mother informing me that he had consumption and requesting me to go and see him and do what I could for him. I visited him, found him very thin, weak, cough and

night-sweats and all of the signs of a consumptive. I wrote him various prescriptions and gave him different tonics and cough mixtures, all seemingly doing no good. December 1, 1891, I placed him upon the chemical treatment. His improvement was slow at first, so much so that I feared that he would succumb to the disease, but I had him persevere with the treatment, and the result is that about February 8, 1892, he went to work at his occupation, and at present is still working.

*Case X.*—Mrs. McK—, aged forty-five, married. In September, 1891, she had typhoid fever, the result of which was the development of consumption. As she was very weak and feeble I had great difficulty in sustaining life. I placed her upon the chemical treatment December 25, 1891. At present, February 19, 1892, she is beginning to sit up, is gaining, and I expect a complete recovery.

*Case XI.*—Miss B—, aged eighteen. Very thin, pale and weak girl, with a high fever ranging from 102° to 105° F. For a number of days I was of the opinion that typhoid fever was developing, but the cough, peculiar sweat at night, and loss of flesh all seemed to point to the lungs, which in a few days showed marked dullness. As soon as I was satisfied that the lungs were the seat of the trouble I placed her upon the chemical treatment. It was several weeks before there was any perceptible change, and I was inclined to think that the case would terminate fatally. I had her persevere with the treatment, and, although her recovery was slow and tedious, yet when I saw her on February 19, 1892, she was entirely free from the cough, and had been at work for two weeks.

*Case XII.*—Henry K— had a clear case of consumption. He has been constantly under my care since April, 1891. I sent him away from the city during last summer. I gave him hypophosphites, cod-liver oil, malt, and every preparation that had any virtue in it for cases of this kind. He returned home last fall and resumed work. In two weeks he was down in bed and

seemingly worse than ever. As soon as I could get the chemical treatment I placed him upon it and watched him carefully for a few weeks, until he was up. I have not visited him since January 6, when he was slowly but surely improving.

*Case XIII.*—Mrs. K— was taken sick in April, 1891, with a cough and hoarseness. Her family physician said it would disappear. She consulted an eminent throat specialist, who gave her great relief for the time being, but night-sweats developed and she lost flesh rapidly. In August she was under the care of a second physician, as her cough and sore throat had returned and was worse than it was in April. She then consulted a second specialist on the throat with little or no relief. Then she passed under the care of an eminent professor in the profession who treated her during the months of June, July and August, 1891. About December 26, 1891, I was called to attend her. I found her weak, emaciated, and coughing almost constantly. She was expectorating large quantities of a tough, darkish expectoration which had a very unpleasant odor.

Upon examination, I found complete solidification of the left lung, with deep depression between all of the upper ribs of the left side. The solidification of the left lung was complete, and while her case had been diagnosed as consumption there was an asthmatic complication with it. I placed her upon the chemical treatment December 26, 1891, and at this writing, February 18, 1892, the left lung has opened up one-half way down so that you can hear the air entering the air-cells in the lung and see the expansion between the ribs. She is improving, and it is only a question of time until she will be in good health.

*Case XIV.*—Mrs. P—, aged twenty-five, married. In December, 1890, and January, 1891, I attended her for a severe attack of pneumonia with a slow but fair recovery. In December, 1891, she caught a severe cold, and her lungs became rapidly involved. There was hoarseness, cough, night-sweats,

loss of flesh and appetite, and great loss of strength. I immediately placed her upon the chemical treatment, and at the present writing, February 17, 1892, her recovery has been all that I could ask.

*Case XV.*—Mrs. R., aged twenty-eight, married. I was called to see her on January 12, 1892. Family history: one brother died with consumption, another following in the same direction, one sister tubercular. Examination showed incipient consumption. She stated that she had been fed on morphine for twelve months or more: I placed her upon the chemical treatment for consumption as soon as I could obtain it. During the last two weeks (this report being made February 19) she is improving and doing well. At first the disease did not seem to yield to the treatment, but perseverance led to success.

I notice that in some cases there is scarcely any improvement the first week or two, but that need not discourage. I also notice that some do not like the treatment for the first few days, but they not only soon learn to like it, but say that they cannot afford to go a day without it. This lady is now doing all of her own housework for herself, husband and two children without any assistance.

*Cases XVI and XVII.*—Mr. Schaeffer, aged thirty-five. A chronic rheumatic who has for a number of years suffered from both rheumatism and lung trouble. When called to treat him in November, 1891, I placed him upon the ordinary cough medicines and hypophosphites. His condition did not improve on this treatment. The hollow cough and dullness over the apex of both lungs gave me considerable anxiety. On December 1, 1891, I placed him on the chemical treatment, and in less than a week he expressed himself as feeling better. He seemed to improve from the day I placed him upon the treatment. His boy Willie, aged eight years, also had a troublesome cough. About the middle of December, 1891, I placed the boy upon the chemical treatment. He had only used the treatment one week when he

said to his mamma, "I like it better than the cough medicine; it does me more good." They are now both well, the father at work at his trade and the boy at school.

*Case XVIII.*—Miss Nettie N—, single, aged twenty. She contracted a cold which settled on her lungs, accompanied with a severe and constant cough. Hereditary tendency to lung trouble. Was under treatment two months—result, recovery.

*Case XIX.*—James P., aged thirty-eight, married, bricklayer. Is subject to frequent colds and has had catarrh, bronchial irritation with a chronic cough for months. He was placed upon the chemical treatment and he appeared infatuated with it, as he said "it reached the seat of the disease." Result, recovery.

*Case XX.*—Mrs. Ida Meyers, married, aged thirty-two years. Has had weak lungs for several years, and could not live in a damp or foggy locality. Consumptive appearance very decided. Sinking below right collar bone. Dullness all over upper portion of right lung. Loss of flesh and strength, hard cough, and night-sweats. She was placed upon treatment November 3, 1891. On February 11, 1892, she writes from her home in Kansas and says: "I have been improving right along as well as could be expected. The treatment is doing its part, and I think a great deal of it. I am feeling better now than I have for five years, for which we are very thankful."

*Case XXI.*—William M—, Mc-Millan street. October 20, 1891, I was called in haste by a messenger who said: "Come in a hurry for he is bleeding to death." Upon my arrival I found that he had a violent hemorrhage from the lungs. He was cold, pulseless, and scarcely able to speak. I placed him upon stimulants and used hot applications. As soon as he rallied from the shock I placed him upon the chemical cure for consumption. He has not had a hemorrhage since he began the treatment, and ever since January 2, 1892, he has been working at his regular employment and is in a good physical condition.

*Case XXII.*—Mrs. S., aged twenty-seven, married. Had an attack of pleurisy four years ago. Her father has had frequent attacks of spitting up of blood, and has had a cough as long as she can remember. One brother, twenty-three years old, has had a cough for several years. She has always had a cough, "a scratching cough from the bottom of her lungs, like sand-paper." On October 7, 1891, she had a violent hemorrhage, which continued every few hours until October 11, when I was called to attend her. She was so weak and exhausted from loss of blood that she could only whisper. I stimulated her for nine days before there was any return of the pulse that could be felt at the wrist. Then I placed her upon the chemical treatment for consumption. It was not until November 25, that she could raise her head from the pillows. She has never spit up any blood since she began the treatment. At present, February 14, she still has a little cough, but is not only out of bed, but is doing her own housework, and everything indicates that she will have a complete recovery.

*Case XXIII.*—Charles K. Has had consumption for fifteen months. Inherits a disposition to catarrh and lung trouble. Symptoms: constant cough, hard and tight, hectic fever, loss of flesh, strength and appetite. Night-sweats profuse. Was confined to the house for four months, and gradually growing worse under the ordinary treatment. He was placed upon the chemical treatment September 27, 1891. Result: January 2, 1892, he was so near well that he went to work, and has continued to work every day from that time to the present.

*Case XXIV.*—Mrs. S. Had some lung trouble three years ago, partaking of the nature of severe attacks of bronchitis. Since then she has lost flesh and strength. Has a dry, tight and hard cough, and night sweats. Dullness at the apex of the left lung, sinking under the right clavicle, and jerking respiration, with prolonged expiration. She was placed upon the chemical treatment October 29, 1891. Result: completely cured.



**Case XXV.**—Mrs. S., aged forty years, slim, spare build. Symptoms: dullness at the apex of both lungs. Sinking below both clavicles. Bronchial respiration. Has had a cough for several years; night-sweats. Has had no hemorrhages from the lungs, but when a tooth is extracted it is almost impossible to stop the bleeding. Loss of flesh and strength gradually getting worse. Placed upon the chemical treatment November 4, 1891. Result: is now about well, and does all of her own housework.

**Case XXVI.**—(Reported by Dr. C. E. Thompson, of Covington, Ky.):

COVINGTON, KY., }  
February 17, 1892.

**DR. W. R. AMICK—Dear Doctor:** I have tested your treatment in my practice, and it is the best treatment for diseases of the lungs, like consumption and asthma, that I ever used. I will report the following case:

James S—, aged sixty, has had a chronic cough for forty years. This was probably due to his trade as a molder. For the past two years he has been gradually getting worse, and has been compelled to give up his work. During this time he had spit blood and lost both in weight and strength. On the first of this month he was in a condition that, under the ordinary treatment, he could not live more than a few days. He would cough up a thick tenacious sputa that was as black as tar; had night-sweats, and had gradually lost strength until he was completely prostrated. There was decided dullness in the upper portion of the left lung. Below the dullness there were moist râles. Expiratory sound prolonged. Right lung resonant. In this condition he was placed on your treatment on the second day of this month. At the present time, February 17, on examination I find that the dullness has completely disappeared and the upper portion of the left lung is as resonant as the right.

Yours respectfully,

CHAS. E. THOMPSON, M.D.

Medical Examiner Prudential Life Insurance Company.

**Case XXVII.**—(Reported by P. T. Williams, M.D., of Cincinnati, O.):

CINCINNATI, O., }  
February 17, 1892.

**DR. W. R. AMICK—Dear Doctor:** I have had under my charge for several years a case of the most persistent catarrhal inflammation of the mouth, posterior nares, pharynx and bronchial tubes. During this time I have used all the different remedies that I could think of myself that are used in cases of this kind, and have used a number that have been suggested by other physicians. Your treatment has done more good than all of the others and affords material relief. Your treatment certainly will prove most beneficial in catarrhal

inflammations of the air passages, especially asthma and consumption.

P. T. WILLIAMS, M.D.

**Case XXVIII.**—Mrs. N., aged twenty-five, married. A chronic rheumatic. Symptoms: loss of flesh and strength; dry, tight cough, night-sweats, sinking below clavicles; eating causes sickness at the stomach, followed by diarrhœa, presenting a condition generally that looked unfavorable. She was placed upon the treatment December 5, 1891. Result: February 20, 1892, recovery.

We could report more cases of consumption, but we think the above are amply sufficient to prove what the chemical treatment will do for that disease. We will now report a few cases to prove that it will cure

#### ASTHMA.

**Case XXIX.**—Mrs. M., aged fifty-nine. Asthma and bronchial cough. She was placed on the chemical treatment for asthma and completely relieved in one week. No return of any asthmatic symptoms since.

**Case XXX.**—Mrs. Z—, aged forty-three. Asthmatic history. Has had asthma for three years. She was placed upon the chemical treatment December 16, 1891. The husband reported that she did not suffer any more with asthma after the first night.

**Case XXXI.**—Fred G., aged thirty-six. On December 16, 1891, he had a severe attack of bronchial asthma. He was placed upon the chemical treatment at once with almost instant relief, and has had no more attacks.

**Case XXXII.**—Mr. W. had a severe attack of bronchial asthma. He is of a consumptive habit. He was placed upon the chemical treatment for asthma with the very best of results.

**Case XXXIII.**—Mrs. Macht, aged twenty-eight. In December, 1891, she had a severe attack of *la grippe* followed by bronchial asthma. She was placed upon the chemical treatment December 20, 1891. In two weeks she was relieved and resumed her housework.

**Case XXXIV.**—A prominent business gentleman here in the city, whose

name and address I will furnish to any one desiring it, has had asthma for the last sixteen years. He was treated here without deriving any special benefit. Naturally desiring relief, and, if possible, to be cured, he went to a warmer pine-tree climate, where there was an institution for the treatment of lung trouble. He remained there for some time, but it did him no good. He was informed by the physician in charge of the institution that he was incurable. He then came home. A friend told him of a physician in New York that made a specialty of treating asthma, and advised him to consult this physician. He went East and called on the physician, who stated that he could cure him. He was placed upon treatment and for awhile derived some benefit. In a short time the medicine failed to do him any good, and his asthma was as severe or even worse than ever.

He would wake up in the morning, and, if he did not have an attack immediately he was afraid to move a hand or foot for fear that it would bring on a paroxysm. Then he would try to get out of bed by slow and graded movements, but he could not escape or avoid it, and every morning he would suffer intense agony for about two hours. During the day the least exertion or excitement or mental strain of any kind brought on an attack. This constant strain was overcoming his nervous system.

There were two centers of depression that felt like heavy weights. One was in the chest and the other was in the abdomen. With the constant recurring asthmatic paroxysms there was developed a gloomy and despondent disposition with dismal forebodings. The sensations of depression in the chest and abdomen were increasing, and it was only by the exercise of all the will-power he could command that kept him from terminating this increasing miserable existence.

His mental anxiety was so great that he "died every day." During the paroxysms he would suffer untold agony, and in the intervals between the attacks there was no relief, for the

dread of the next one, which was sure to come, constantly stood up in front of him, like Banquo's ghost, and "would not down at his bidding." Life was fast becoming so heavy a burden that he could not carry it much longer. He was contemplating to quit business and seek some climate or place where he could have some relief from this terrible anxiety and depression of spirits.

In this condition I placed him upon the chemical treatment for asthma on the 30th of January, 1892. I saw him to-day, February 24. He has been under treatment not quite four weeks, and is mentally a new man. The centers of depression "have disappeared like a fog." The gloomy forebodings are gone. The frightful paroxysms are a thing of the past. There is no dread of the next time or the next morning. His mind is at ease, his nervous system is calm, he can think and study about his business with his old-time vigor and he is happy within himself. He said to a physician the other day: "Since receiving this treatment I do not think about going away, but will be found doing business at the old stand."

The following cases are reported by Dr. M. L. Amick:

*Case XXXV.*—Mrs. M., aged forty-eight. Was called to see her January 12, 1892, and found her suffering with bronchial asthma. Her history showed that she had been suffering with a tight, dry cough and labored breathing for sometime. Posterior portion of lungs filled with exudate. I gave her the regular cough and asthmatic remedies, such as potassium iodide, lobelia, grindelia, *spr. æth. co.*, menthol, camphor, quinine, iron, arsenic and strychnia in syr. of hypophosphites, but without relief. On January 18, 1892, I placed her upon the chemical treatment. She was so much relieved that I ceased my visits on January 29. She has been perfectly free from asthma ever since.

*Case XXXVI.*—Mrs. Metzger, aged sixty-six. Was called to attend her on December 22, 1891. Found her suffering with asthma, unable to lie down, lips bluish, breathing very short and spas-

modic, limbs swollen, and heart feeble in action. I immediately placed her upon the chemical treatment. February 5, 1892, I dismissed her as entirely cured. She said upon my last visit that "this treatment was the best friend she ever had, and that she could not live without it in the house."

*Case XXXVII.*—Mrs. R. Was called to see her December 20, 1891. Found her suffering with asthma, unable to lie down, lips blue, and breathing very laborious. I placed her upon the chemical treatment and watched her for seven days, when she was so much improved that my services were no longer required. Her husband has since reported her condition as good.

*Case XXXVIII.*—Mrs. R., aged forty-four. Was called to visit her January 27, 1892. Found her suffering with asthmatic breathing and croup. Prescribed an anodyne cough syrup. January 30, not being relieved by the cough syrup, I placed her upon the chemical treatment for asthma. Discharged her on February 15 with the asthmatic breathing relieved, and scarcely any cough.

*Case XXXIX.*—James B. Corbett, aged nineteen, messenger in Cincinnati Post-office. Has had asthma for twelve years. The attacks come on generally about 10 o'clock p.m. and last all night, and sometimes for two days and nights. Attacks tight and dry. Has been treated by various physicians. Has used every remedy that any person could mention, but never received any relief until I placed him upon the chemical treatment for asthma, and this has given him complete relief. He called at my office on February 20, 1892, and made the above statement.

*Case XL.*—Mrs. S., aged thirty-eight. Called to see her on December 16, 1891. Physical examination revealed difficult breathing, and the posterior portion of the lungs laboring with a mucous rattle, loud, deep and sonorous wheezing, showing a violent attack of asthma. Unable to lie down. Almost a complete stagnation of air in the lungs. Worse at night, no sleep, and her countenance was one of great distress. I placed her upon the chemical

treatment and soon produced a copious, heavy expectoration, filling two to three spittoonfuls during a night. Her difficulty of breathing was constant for eleven days, when it ceased under the treatment. She made a complete recovery.

COLUMBUS, O.,  
February 19, 1892. }

DR. W. R. AMICK, }

193 W. Seventh Street. }

*My Dear Doctor:* I have carefully considered your chemical cure for consumption and asthma, both as to the cause and the treatment, and I regard it as the most natural and logical theory and treatment that I have ever seen advanced. I sincerely hope and believe that your treatment, based upon the theory you have advanced will result in much benefit to mankind.

Yours truly,

J. W. WRIGHT, M.D.

Professor of Ophthalmology in the Medical  
Department of the Ohio Medical University.

COLUMBUS, O.,  
February 26, 1892. }

DR. W. R. AMICK, }

Cincinnati, O. }

*Dear Doctor:* There are three things that attract attention in your chemical cure for consumption and asthma. First, your theory is new, original with yourself in that it attempts at least to account, not only for the presence of the tubercle, but for the origin of the producing principle, the very thing that no one before has attempted, a knowledge of which is absolutely necessary for a rational treatment. Dr. Koch has said, "the skipper produced the cheese," but he has not enlightened us as to what produced the skipper.

The rational process of treatment would then be to supply that element, or those elements which are lacking, to continue the formative process, chemically to completion. It would be marvelous if you were absolutely correct, but you must be very near the truth, a statement that cannot be made of the other theories. You have occupied the only rational field that there is in these diseases, and your investigations will

lead to good results, not only in consumption and asthma, but in other morbid conditions of which, at present, we know but little.

Yours fraternally,

D. P. ADAMS, M.D.

Ohio Medical University.

### METRITIS AS AN INITIAL LESION IN PELVIC DISEASE; ITS COMPLICATIONS AND TREATMENT BY ELECTRICITY.

A Paper read before the Philadelphia County Medical Society, February 10, 1892,

BY

G. BETTON MASSEY, M.D.,

PHILADELPHIA, PA.

The attractive field recently opened to surgical gynecologists by the discovery that the ovaries and tubes may be amputated without invariably resulting in the death of the patient has caused an enormous preponderance of current medical literature to be directed toward diseases of these organs. So great has become the furor that little else is heard at our societies but discussions on the wet specimens thus procured, which are brought in regularly in buckets by certain operators. This singular abundance of pathological material supplied by two organs out of an important group is calculated to make an onlooker who is, fortunately, free from what might be called the operative infection, inquire carefully into its reasons. Granting the peculiarly peccant nature of these organs as a justification, it may be asked why resort should invariably be had to amputation rather than to a more conservative operation. It may be that there is such a thing as a war-time in this work, when, as in military surgery in the field, parts of Nature's handiwork are hastily removed that a more thoughtful conservatism would have restored to health.

But it is not my purpose to discuss at present the debatable questions of the proper management of inflammatory conditions of the ovaries and

tubes; they are merely alluded to at this time because it is my conviction that many ovaries and tubes have recently been removed when the real seat of trouble was within the uterus.<sup>(1)</sup> In examining for tender spots by the bimanual manipulation it is exceedingly difficult to differentiate between a sensitive ovary and a tender uterus, and if one's mind is so constituted that the uterus is entirely ignored, and endometritis or metritis unthought of, a mistake is readily made. One operator declared some two years ago that he did not believe there was such a thing as endometritis. Dragging upon the tender uterus, as he did daily, in his endeavor to find salpingitis, he mistook the purport of the pain excited.

In contrast to this position it may be affirmed that inflammatory conditions of the uterus are the most frequent of all the local diseases of parous women and not infrequently found in virgins. More significant still, it may be said to be either the precedent condition or the nidus of many of the most formidable diseases in this locality such as certain displacements, catarrhs, salpingitis, pyo-salpingitis, ovaritis, cancer of the cervix, fibrosis, and many other lesser troubles. How great, then, is the necessity for its early recognition and prompt treatment!

The classical studies of this disease found in the books are most instructive though the pathological conditions described in the several varieties of endometritis are of but little clinical use to us, since we do not often study these cases in the dead-house, and yet but few specimens have been presented at the societies. Whether the case is one of interstitial, follicular, or polypoid endometritis, it is, moreover of secondary importance in face of the present apparently well-founded belief

1 The grounds for this conviction are derived primarily from a number of cases of post-operative pain seen in private practice and at the Dispensary for Women at Four and Spruce Streets. Many of these cases had enlarged and tender wombs when seen by me and had either been made worse by the operation or left in an unchanged condition.

that they are all examples of that protean disease of mucous cavities—microbic invasion. The several forms of cervicitis, endo-cervicitis, endometritis, and interstitial metritis are clinically distinct and largely separable, it is true, but the fact should not be lost sight of that they are all alike microbic in origin, even subinvolution being septic or trauma-septic, and hence are all mere local variations of the same disease.

The recent developments of bacteriology teach us plainly, then, that simple endometritis—a bacterial colonization of the endometrial gland—is the primal step in these progressive conditions. Whether the morbid germ is one of the common staphylococci of pus or some other organism, it seems clear that to its conquest of the local phagocytes is due the hyperæmia, hypersecretion, and hyperplasia of the glandular substance of the endometrium, which, later, extends to other situations by either direct continuity of structure or by lymphatic absorption. The reason for the peculiar susceptibility of the uterine cavity to such invasions is easily conceived when we remember that the intra-uterine mucosa is distinctly glandular—that the endometrium is, in fact, a gland rather than a mucous membrane.

The method by which the uterine cavity becomes the culture-medium of these infections deserves some consideration. On reviewing the conditions present, particularly the ubiquity of pus-germs in the centres of population, one is disposed to ask why an infection of this region is not universal instead of the exception. The natural, healthy mucus and the temperature would seem to be an ever-present invitation. Why, then, are germs normally absent above the internal os, though so abundant below that point? The answer has never yet been given; but it can be none other than that of a body of sentinel phagocytic cells stationed in the cervical cavity to war upon morbid germs. Remove these sentinel cells, or lower their vitality, and the resistance they present is overcome by the outer hordes.

The ineffectiveness of these vital sentinels in puerperal infection is manifest. By a flank movement or brutal charge the seeds of destruction are planted well beyond the lines. An endometritis results, which is the cause rather than the effect of the subinvolution of the muscular fibres. In the nulliparous, and particularly in virgins, the method of invasion is not so clear, though we do not have to look far to find it. The prevalence of early stages of metritis—in other words, of endometritis—in perfectly pure virgins is a daily result of my inquiries. At sixteen, seventeen, and particularly between seventeen and twenty-three, in this climate, a uterine leucorrhœa is by no means uncommon in weak and delicate girls; and we do not have to adopt the harsh and generally untrue statement of Schroeder as quoted in the most recent work on this subject, Pozzi's *Gynecology*, that the germs are introduced by masturbation. The condition of the general health of these patients is the real causal factor. The germs are always in the cervix normally unless the hymen be imperforate, and they are enabled to penetrate within the uterine cavity by reason of weakness on the part of the sentinel cells. A girl whose blood is impoverished by inherited weakness, to which is added the many imperfections in our methods of fashionable education, is in but a poor condition to marshal sentinels and defences against any morbid attack. The logic of this view is sustained by the methods of many rational physicians in dealing with this condition in such cases. Let the blood-making organs once be restored to health, and the invaders, *if not too deeply intrenched*, will be driven out.

At its inception this affection is usually subacute, if we except the more virulent forms of puerperal metritis, and runs its course without material disturbances of temperature, like the analogous affections of the nasal cavity. Even after the disease has extended so far as the Fallopian tubes, with the production of muco-purulent accumulations, the temperature may still be normal. In my experience an acute

stage is lacking, the onward march of the affection being as insidious as it is gradual. Beginning as an endometritis or endocervicitis, the patient is only conscious at first of a leucorrhœa which becomes more abundant and irritating to the vagina and vulva, and should be the sign for active and intelligent interference on the part of her physician, though of late a do-nothing policy has been advocated by some. It has been said by an eminent authority that the womb has its natural secretions, like the nose. That is, of course, true, but it should be remembered that the nasal secretion is not normally muco-purulent; as soon as pus-corpuscles habitually occur in either secretion, the existence of a diseased condition is manifestly proven.

The subsequent stages and the effects of this catarrhal endometritis are natural consequences. Accompanying the hypertrophy of the endometrium into fungoid and cryptose conditions we have a direct stimulation of the connective-cells of the parenchyma. Trophic changes in this situation and general fibrosis of the body of the uterus result. Coincidentally, or at a later period, an extension upward along the mucous tract occurs, and salpingitis, ovaritis, or both, add their burdens to the suffering woman. I shall not recount the local symptoms of this conglomerate affection beyond the statement that at various periods in its course we find changes in the quantity and quality of the secretions, erosion of the os from irritating discharges, hypertrophy and tenderness of the cervix and corpus, combined with a reasonable movability of the uterus as a whole. With these facts you are all familiar. On the reflex symptoms some doubt has been thrown of late, but the best proof that pains down the limbs, in the abdomen, and in the back, with or without nervous prostration, are caused by this "irritable" uterus is given by the disappearance of such symptoms as a result of local treatment. The reason for the doubt lies in the lack of neurological training in many gynecologists, who have mistakenly treated such diseases as hysteria, neuralgia, lateral sclerosis, and

locomotor ataxia as mere nervous manifestations of pelvic disease. I have elsewhere reported an instance of removal of the ovaries for pains that were due to an aggravated spastic condition; and the physicians that follow my service at the Spruce Street dispensary recently saw an even more ludicrous error of a well-known colleague: A woman applied for the relief of a pain in the side in the region of the floating ribs, making the statement that she had been under treatment for it at a neighboring dispensary for several years. The treatment had been directed entirely to the pelvic organs, and much pressure had been unsuccessfully brought to bear on her to consent to a removal of the ovaries. In spite of this treatment her pain was somewhat worse. In glancing at her back I was led to request that the corsets be removed, which revealed a most marked case of scoliosis, with cork screw twist of the vertebræ. A properly fitting brace gave her complete relief from pain. Even a slight acquaintance with orthopædics would no hurt gynecologists; an elementary training in neurology is certainly essential to correct diagnoses in this specialty.

Besides errors of diagnosis it is possible that the present tendency to minimize the effect of uterine disease in causing backache and other neuroses is due to the failure to cure such conditions by removing scar-tissue from the cervix. Failing to cure these cases by cutting out this harmless reparative effort of nature and by removal of the appendages, the remainder of the woman is kept in bed for long periods of time under the theory that the rest cure was the proper thing after all and that rest was the most essential part of the rest-cure.

Clinical proof of the dissipation of these baneful symptoms by the use of means that combat the initial microbial affection and its nutritional and hypertrophic consequences is the best proof of their correlation.

A recent case will, I think, present this proof in a strong light. A healthy young lady fell a short distance from hammock, striking the end of the

spine. She suffered immediate pain, and two weeks later applied to an intelligent gynecologist, who treated her for retroversion, and later for inflammation of the ovaries, so far as could be ascertained from the patient. After some early relief the condition became stationery. At this time the case was seen in consultation by Dr. Baer, of this city, with a view to removal of the appendages, which was, however, not done for some reason. Sixteen months after the beginning of the disease the patient entered my private sanitarium in the following condition. Subjective symptoms: continuous, deep-seated scratching pain about an inch and a half above each ovary; a tender pain in the sacrum, and an inability to walk more than two squares without an intensification of these symptoms and great prostration. Objective symptoms: external evidences of perfect health, marred only by coldness of the extremities. Internal examination showed considerable leucorrhœa; uterus apparently small and in a normal position, but when elevated on the finger in the posterior cul-de-sac extremely painful. Thinking the case one of posterior parametritis or ovariitis, she was treated by the vaginal galvanic method, in conjunction with general electricity and massage for the incipient nervous prostration that was becoming manifest. Considerable improvement resulted, but no headway was made with the peculiar pain in the ovarian regions until it was recalled that nothing had been done directly for the endometritis. The sound, now passed for the first time, showed that the apparently small uterus had a cavity exceeding three inches. An intra-uterine positive application was therefore made, of a strength of twenty milliampères, and this had the happy effect of checking the so-called ovarian pain permanently. Four subsequent applications of the same kind were made for the control of the discharge and the patient was restored to health and has remained well, now for some time.

This patient had been kept for three months on a lounge by her previous attendant under the theory that

this supposed essential of what is called the rest-cure would be of service. Shorn of its institutional control and electricity this fashionable mode of treatment is a two-edged sword that is responsible for more than one case of chronic invalidism. Used with such essentials, including direct electrical applications to the uterus in the class under consideration, these cases in the borderland between the domains of gynecology and neurology may be permanently restored to health, though he who essays but one part of the treatment will meet with frequent failure and disappointment.

For therapeutic purposes cases of chronic metritis are divisible into two classes that much resemble the divisions made by the late George M. Beard in cases of sexual neurasthenia in the male. In the one class the affection occurs as a purely local disease, the nervous organization of the individual being so robust that it fails to become affected by the local disturbance; in the other class a far less degree of local trouble may be found associated with profound depression and disorder of the nervous system—a disorder that seems greatly disproportioned to the local disease.

The treatment of the first class of cases is naturally entirely local, and may generally be carried out in the office, when the disease has not yet ascended to the tubes and ovaries. Various modes of treatment have been efficaciously employed, though many are now abandoned as either ineffective or dangerous. I shall limit my remarks to the local use of electricity, first prominently brought forward by Apostoli, whose conclusions have been more than confirmed by my own experience. As in other subacute microbic affections of the glandular membranes, the galvanic current presents a typical alterative action which may be brought to bear directly upon the diseased surface, and by means of applicators that are in themselves innocuous because elastic, easily inserted, and lacking the dangerous piston action of the cotton swab. The contrast with acids or other cauterants that must be inserted

by force is very great; no hooking or pulling on the cervix or other harsh methods are necessary, and the local action is, moreover, strictly mensurable and controllable. By reason of its greater antiseptic effect the positive pole is usually preferable, though in the later stages of the disease, when the endometritis has eventuated in a hyperplasia, the galvanic alternative method is better than the use of a single active pole. In subinvolution, particularly, the alternative galvanic method within the uterus is quickly curative, accompanied at each treatment by a primary faradic application.

Judging from results, the local electrical treatment seems to act in a threefold manner, each special element of the method varying in usefulness in different cases. One part of the action is a local alternative effect on the endometrium, another results in a quickened absorption of hyperplastic tissue, and still another in stimulation of the muscular fibres to immediate contraction and increased tone. The first action is most important in fungous and hemorrhagic cases; hence, the positive pole should be used alone, with a duration of some minutes at each application. As the possibility of causing an immediate increase of muscular tone in the uterus increases, the alternative method becomes more valuable, and in recent subinvolution the faradic current alone is usually sufficient.

If, at the initial examination of a case, a reasonable doubt is present as to the preponderance at that time of the original metritic trouble or of a secondary extension into the tubes and ovaries, the intra-uterine method should be preceded by a more or less prolonged vagino-abdominal galvanic treatment; and in these cases, as well as in the second class here described in which the nervous system is affected, the value of institutional treatment is enormous. By a combination of internal and external electrical treatment, massage, diet, and partial rest, these cases can be almost invariably restored to health, unless pus-cavities have formed—an event that is much rarer than some would have us believe. It

may take weeks to accomplish these results, it is true; but it is also true that it takes years for the patient to recover health after the performance of a castrating operation.

212 South Fifteenth Street.

#### THE KEELEY CURE.

Dr. H. E. Whitsey writes to the *Medical World* that the following produces a mixture which comes very close to the much-vaunted one used by Keeley:

R Sodio-auric chloride, . . .	gr. xij.
Ammonium chloride, . . .	gr. vj.
Strychnine nitrate, . . .	gr. j.
Atropine, . . .	gr. ¼.
Extract cinchona comp., fluid, . . .	3iij.
Extract coca, fluid, . . .	5j.
Glycerine, . . .	5j.
Water, . . .	5j.

Misce. Signa:—Take a teaspoonful every two hours when awake, and the following hypodermic injection every four hours: one-tenth grain of the chloride of gold and sodium and one-fortieth grain of the nitrate of strychnine.

This will produce the same symptoms and same results as the Keeley cure.—*The Physician and Surgeon*, January, 1892.

#### INTRA-PULMONARY INJECTIONS OF THYMOL IN PULMONARY GANGRENE.

Dr. O. Hewelke, of Varsovie, Poland (*La Semaine médicale*, No. 49, 1891) has successfully treated a case of pulmonary gangrene by intra-thoracic injections of a 1:300 or 1:200 solution of thymol made with a syringe, having a needle five to seven centimeters long, into the cavern. The results were immediate. The needle was pushed through the intercostal space corresponding to the spot affected. The expectoration became more abundant the fetidity of the sputa diminished and the temperature fell quite considerably. With daily repetition of these injections the general and local symptoms so improved progressively as to more or less soon completely disappear.

—*Med. and Surg. Reporter*.



## Society Reports.

### THE CINCINNATI MEDICAL SOCIETY.

OFFICIAL REPORT.

*Meeting of February 2, 1892.*

The President, F. W. LANGDON, M.D.,  
in the Chair.

L. S. COLTER, M.D., Secretary.

DR. E. S. RICKETTS reported a case of

#### *Removal of the Appendages for Insanity.*

These specimens are from a patient of Dr. Patterson, of Hanging Rock, O., aged thirty-one years, married for six years. Good family history; no specific history. Has not been pregnant, though anxious for maternity. Began menstruating at fourteen, with more than the ordinary amount of pain accompanying the same. Three years ago, just as her menstruation came on, she became mentally unbalanced, necessitating her removal to one of the institutions of our State for the detention of such patients. She was there for several months, no vaginal examination being made.

Dr. W. H. Thompson, of Winamac, Ind., saw the case before her incarceration, and took the ground that the cause of her mental trouble was within the pelvis. Last November, just as she was recovering from a menstrual attack, she became unbalanced mentally and came to the city to consult me. This attack lasted about six weeks, during which time Dr. A. B. Richardson saw her in consultation with me. On examination I found the left ovary prolapsed, adherent and tender. I decided that in this particular case possibly the cause of the trouble was within the pelvis, and advised with Dr. Thompson, that possibly good results could be brought about by removing the appendages per abdominal section, in order to bring about an early menopause. The subject was duly considered, after which I did the operation under chloroform last Friday at 10 a.m., finding the left ovary prolapsed and

adherent. Both tubes were removed, the ligature being applied close to the fundus.

I report this case and will make known the results to you from time to time, be they *for* or *against* the operation.

All that can possibly be expected from medication in this case can be obtained even though the operation has been done, and we will patiently wait, hoping that the hurried "change of life" may give this patient a life long respite from that much-to-be-dreaded life of dethroned reason. The operation certainly cannot make her condition worse, and even with the operative results recorded by a few men we have at least enough to justify us in what we have done in her behalf.

DR. RICKETTS also reported a case of

#### *Removal of the Appendages for Hystero-Epilepsy.*

Miss W., aged twenty, weighing 125 pounds, a patient of Drs. Crawford and Slogle, of Portsmouth, O., began menstruating at fourteen years. This went on regularly for a year. During her sixteenth year, she weighing 160 pounds, the menstrual flow began to be scanty and painful. It was at this time that hystero-epilepsy appeared when the menstruation came on. From that time until the present (four years) she has ceased to menstruate. The hystero-epilepsy would be much worse at the expected time for return of the flow. The attacks were so violent that the usual remedies were resorted to, winding up with hypodermics and inhalations of chloroform. Last July she had an attack of "inflammation of the bowels" (?) lasting for six weeks, being treated by physicians in Mercer county, this State. The limbs were *drawn up* when she lay on her back or on either side. For this abdominal pain she was poulticed, hypodermicked and blistered. She has superficial abdominal scars, showing that she is a veteran—with a four-years' *fighting history*.

I saw her for the first time on January 19, 1892, finding tenderness over each ovary. She had had occasional attacks of diarrhoea. On digital exami-

nation I found a slightly fixed condition of the uterus, with tenderness on either side, especially the left. I agreed with Drs. Crawford and Slogle, that an exploratory incision at least should be done to aid diagnosis. This was done on January 22, 1892, under chloroform, in one of my private wards at the "Trinidad," and I now present the specimens for your examination. These are far from being *healthy ovaries*, one bursting on its removal. You will see the tumor; this was attached to the Fallopian tube, and, as I was anxious not to burst the same in removal, I tied and cut it away. This enables me to present it unruptured to you to-night.

While these cases differ, yet they are in some respects on the same line. This last case reported was told that there was nothing the matter, and if she would be forced by her parents to go to work *she would be well*.

#### DISCUSSION.

DR. JOHN A. MURPHY:

Without criticising the operation, I would ask if there was enough found in either case to account for the mental disturbance in the first or the hysterio-epilepsy in the latter? I would also ask what will be the result in these cases? I do not believe the operation was justified, clinically, to cure this girl of epilepsy and the other of insanity. Menstruation is not a matter of the ovaries; it is not a matter of the uterus. I do not mean to censure my friend, but I do censure those men who locate insanity in any one organ of the body. How many people have adhesions of the pleura, disease of the liver, kidneys, etc.? How many cases of healthy ovaries do we find in the dead-room? How many healthy pelves do we find? Does taking out the uterus stop dysmenorrhœa? No. I am not trying to throw cold water on my friend. I believe he is justified in cutting into the abdomen in search of disease. If you put these people to severe and long cross-examination, you will find some mental unsteadiness somewhere in the family history. I do not believe in locating insanity. Is it a local thing that produces hysteria? Nay, verily. Is it prolapse of the uterus and adhe-

sions of the ovaries? Nay, verily. What is the trouble in these cases? Peradventure an exploratory incision is justified in hope that we will find some cause. We don't know what else to do. I don't believe that brother Ricketts will say that he found the cause of the disease. I have seen in dead-rooms such conditions as these in women who had nothing the matter with them mentally. I wish in my humble way to make a protest against trying to find local lesions to account for insanity. When we attempt to locate a woman's insanity in pathological conditions of the ovaries, tubes or uterus, we will find in time that we are mistaken. How many women die in asylums who have been insane all their lives and the dead section reveals nothing! In dead bodies we find many funny things. Garfield had fatty kidneys and fatty liver, and yet he was a healthy man when he was shot while on his way to Williamstown. Nervous diseases are dependent on disordered condition in the whole cerebro-spinal system.

DR. J. C. OLIVER:

I can conceive of no more embarrassing condition than to be brought face to face with two cases suffering from such conditions as these two cases. One prominent physician of this city recently made the statement on this floor that anything short of murder is justified in these cases. A few years ago, at the suggestion of Dr. Farrian, Mr. Horatley, of London, performed trephining for epilepsy, and for a long time after the operation the patient was free from attacks. Encouraged by the results in this case, he operated upon a number of other cases. About three years ago I had the pleasure of talking to Dr. Farrian on this subject, and he told me that nothing had been accomplished, while in some cases death had resulted from the operation. So far as remedial agents are concerned, we are practically helpless; and so far as surgical interference is concerned, we are as yet in the same condition. Dr. R. B. Hall, of this city, had a case in which he reports no epileptic seizures since the operation. This, I believe, is an exception. In regard to trephining for epilepsy,

some interesting observations have been made, as, for instance, that the administration of chloroform itself has for a time prevented attacks.

DR. E. S. RICKETTS:

Has medicine done these cases any good? Nay, verily. No less a man than Mr. Tait has "right about faced" in these cases. He now says that he has had results which justified him in making the operations. I must acknowledge that in these cases of mental disturbance I did not know what else to do. Medicine had failed; the woman said that death was preferable to continuing in this way. Her first attack was at the beginning of menstruation and the last at its close. I did not promise to cure these cases. I put the matter before the family and they urged the operation.

## ACADEMY OF MEDICINE.

### OFFICIAL REPORT.

*Meeting of January 18, 1892.*

The President, GILES S. MITCHELL,  
M.D., in the Chair.

T. V. FITZPATRICK, M.D., Secretary.

### *Pyosalpinx Not Due to Gonorrhœa.*

DR. THAD. A. REAMY:

I exhibit to the Academy to-night a pair of ovaries and tubes which I removed this morning, at my private hospital, from the wife of a prominent physician. Patient has been married nine or ten years, the mother of two children—the eldest seven years, the youngest a little more than one year old. At the birth of the first child the cervix was extensively torn. About two years ago this was repaired by surgery, pregnancy subsequently ensuing. The last labor was natural, and the patient had a fair getting-up. She has, however, suffered almost constantly of a sense of weight and pressure in the pelvis. She has also suffered of dysmenorrhœa. When on her feet much, the pain on the left side was unbearable.

She came to me ten days since, with the request that I remove the append-

ages. In this request the husband, an intelligent man, concurred. On examination I was not able to differentiate the right ovary. The left, however, was slightly enlarged, and prolapsed to such an extent that I could easily have removed it per vaginam. It was extremely tender upon pressure. I learned that this displacement had existed prior to the last gestation. I was not able to detect distension of the tubes. Ordinarily I should have declined to operate, not regarding the pathological conditions sufficient. Both patient and husband, however, insisting, and the sufferings described as being so severe, I felt myself justified in operating for symptoms alone.

The right ovary, as you will see, is smaller than normal, and somewhat cirrhotic. The left is slightly cystic. Neither tube is much distended, but each tube contained small quantities of pus. Pus could easily be squeezed out from the cut end of the right tube, though in small quantity. The left contained a small but distinctly formed pus cavity, the cyst being about twice the size of a filbert. Upon opening it pus was freely discharged, and it was seen to communicate with the lumen of the tube.

The case presents to mind unusual interest from the following facts. Pus found in each tube in a woman who had apparently not suffered of peritonitis, also a woman who had positively never had or been exposed to gonorrhœa. This last state of facts sustaining the view, which I have so often expressed on this floor, that pyosalpinx by no means sustains antecedent gonorrhœa. It is also of interest to note that the prolapsed ovary reassumed its normal position again after gestation and parturition. Also that there should be pus in each tube without greater distension.

Unquestionably the last pregnancy became possible after the surgical cure of the torn cervix. Yet there are those who designate such a procedure as "uterine tinkering," and would attribute the subsequent ovarian and tubal disease to this practice. Such opinions are generally purely gratuitous, having no foundation in fact.

## DISCUSSION.

DR. R. B. HALL:

The case reported by Dr. Reamy is of great interest to me, as it is one of pus-tubes, different from any I have observed in my own practice. It has never occurred to me to find pus in the Fallopian tubes where the fimbria were so perfect as in the specimens presented. By floating them in water as I have done shows that in both tubes the distal ends are not occluded, and by the most careful squeezing no pus can be seen. Again, there are no shreds of false membrane attached to the tube that in my experience always exist where the tube has contained pus. The peritoneal covering of the tubes is in every respect normal, so far as the naked-eye appearance would indicate. If the tubes contain pus they are certainly peculiar.

DR. REAMY:

I have but little to say. My friend Dr. Hall seems to have changed his views. Heretofore he has seen pus in the majority of tube specimens exhibited. In the present instance he seems to be unable to detect a pus cavity unless it should be as large as a balloon. By squeezing the uterine end of the right tube at the point of section pus can now easily be discharged. The collapsed cyst is easily detected in the specimen by the naked eye. I had not the slightest suspicion prior to the operation of pus in either tube.

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#### NASO-PHARYNGEAL AND LARYNGEAL SYPHILIS.

Dr. Griffin (*Deutsche med. Wochenschrift*, No. 1, 1892) praises the following formula in the treatment of the naso-pharyngeal and laryngeal manifestations of syphilis:

R Calomel, . . . gms. 4 (ʒj).  
 Powdered opium, gms. 2 (ʒss).  
 Lime water, . . . gms. 375 (ʒ. ʒxij).

This is used, according to the severity of the disease, either pure or diluted with equal parts of water, as a gargle in pharyngeal phenomena, as an irrigant in the nasal manifestations, and as a spray in the laryngeal symptoms. He has obtained excellent results with this formula.—[Pritchard.

## Correspondence.

## DRUNKENNESS.

*A Further Communication from Dr. W. R. Amick.*

CINCINNATI, March 1, 1892.

*Editors Lancet-Clinic:*

Dear Sirs: In your journal of February 6, 1892, I had an article on drunkenness.

In this paper I simply want to call the attention of your readers to a few points for consideration. In the chloride of gold treatment, strychnia and atropia are the two principal agents depended upon to produce the organic change, the alterative action of the chlorides acting as adjuvants, thus increasing the effect of the former.

In our article in your journal of March 7, 1885, on "belladonna, its effect upon the system, etc.," referring to the dryness and burning sensation of the throat and fauces, we say that this denotes an acrid action, and an acrid action necessarily means that an irritation exists. In order then to account for the dryness in the throat, the belladonna produces an irritation of the contractile cells in the fibres of organic life, and by their contraction the secretions are sealed. This is especially noticeable where belladonna, or its alkaloid, has been brought in contact with the mucous membrane. It is absorbed and acts directly upon the cells, producing a local irritation and contraction. It will produce the same effect upon the cells of the brain, and it can exhaust their excitability.

The ordinary solution of atropine contains four grains of sulphate of atropia to the ounce of water. Suppose we put one drop of this solution in the eye and that all of the atropia was absorbed, we would have less than one-hundredth part of a grain. For the atropia to reach the iris it must first pass through the cornea by absorption, then it is still further diluted by the aqueous humor, and you can imagine about how much of the drug would reach that organ, yet this small quan-

tity will produce a dilatation of the pupil that will last for hours. This will give an idea of the powerful influence of atropia upon the nervous system. If we combine it with strychnia we increase its power, and we then have a combination that will not only make a powerful impression upon the nervous system, but will produce an organic change by its effect upon the cells.

Oculists are aware that the ordinary solutions of atropine simply dropped in the eye are sometimes followed by unpleasant results. Then, if the small quantity of atropia that is absorbed by putting a few drops of atropine in the eye is not entirely harmless, the use of the drug internally, either by the mouth or hypodermically, more especially when strychnia is given hypodermically at the same time, must be done cautiously by a physician who thoroughly understands the action of these drugs, otherwise they may weaken the normal excitability of the cerebral cells. If the excitability of the cells is reduced we would naturally expect their force to be lessened.

The "chloride of gold treatment" may be productive of harm in two ways: First, it relaxes the accommodation and impairs vision while under treatment. The dilatation of the pupil causes a congestion in the fundus of the eye. This may produce an increase of tension and retinal changes, which may not disappear entirely afterward, leaving vision more or less impaired. Second, it produces an effect like premature senility of the brain, although the cellular action is the reverse, while under the full influence of these agents. After this condition is induced, in some cases, it may not entirely cease when these agents are discontinued.

The probabilities are that from the constant and continued use of alcohol the normal functional activity of the cells is lessened, and the decrease of their normal function may develop an abnormal one, and the latter, in the case of alcoholics, generally creates a craving for the agent that produced it. If this abnormal condition of the cells is removed, then a depraved appetite from that source would disappear also.

Suppose that a normal condition of the cells has been produced by the treatment, what will be the effect if they are again excited by alcohol? The tendency would be to produce an excessive amount of excitability that would be incompatible with normal mental equilibrium, and if continued, would probably exhaust the irritability of the cells of the motor ganglia of the heart and respiration.

Yours truly,

W. R. AMICK, M.D.

#### PROPHYLACTIC TREATMENT OF ANGINA PECTORIS.

Dr. Liégeois (*La Semaine médicale*, No. 5, 1891), in angina pectoris, either from aortitis or arterio-sclerotic myocarditis, in plethoric subjects, prescribes the iodide of sodium the first twenty days of the month, and then the following ten days thirty drops of the following mixture:

R Tinct. Jamaica dogwood, gms. 60  
(fl. 3ij).  
Tinct. veratr. viride, . gms. 10  
(fl. 3ijss).  
Tinct. aconite root, . gms. 15  
(fl. 3iv).

Trimitrine (nitro-glycerine) is only indicated in those patients with a pale face and conjunctiva, as it is liable to produce cerebral congestion. The tincture of Jamaica dogwood is an efficient and harmless depressor of arterial tension, and at the same time a good cardiac analgesic, judging from the results which the writer has obtained. In order to increase its arterio-depressor and sedative action, he associated it with veratrum viride and aconite.

#### TRICHLORACETIC ACID.

Dr. Lanz (*Monatshefte f. prakt. Dermatologie*, XIII, 7) uses this drug in chronic and papillomatous urethritis, papillomata, warts and pigment spots. In chronic gonorrhœa it is used as a caustic in a 20 per cent. solution, by means of the endoscope. In papillomata a small crystal of the acid is melted on the end of a probe and carried to the spot to be cauterized.

—[Pritchard.

## Translations.

### FROM THE FRENCH.

#### OPERATIONS ON THE DIGESTIVE TRACT IN THE ABDOMEN.

The *Deutsche med. Zeit.*, No. 7, 1892, contains a résumé of a number of very interesting operations for various diseases affecting the abdominal part of the alimentary canal:

*Rope.*—Gastrostomy for malignant stricture of the œsophagus. The patient, aged sixty-four, had a stricture at a point about three and a half inches above the cardiac orifice, which barely admitted a No. 8 English catheter. The tumor had also invaded the lungs. The operation was performed in two sittings. Patient died on the ninth day from exhaustion.—*Lancet*, 1891.

*Towson.*—Gastrostomy for foreign body (needle). The foreign body, a needle about seven and a half inches long, was removed from the stomach after perforating the thoracic wall. The patient, a laborer, aged thirty-seven, had repeatedly attempted suicide. Upon admission to the hospital he complained of severe pain in the left side, but there were no symptoms pointing to trouble in the stomach, except a decided aversion for food. A few days later some swelling was noticed in the painful area, about the seventh costal cartilage. This soon became reddened, œdematous and tender. Constant poulticing caused softening and spontaneous opening of the abscess. The following day the end of an iron needle, of about six inches in length, could be plainly seen. Efforts to withdraw this proved fruitless, the end of the needle being engaged in the stomach. Gastrotomy was performed, and a knitting-needle, seven and a half inches long, curved at its point like a fish-hook, was easily withdrawn. The end of the needle was tightly wound about a piece of clay pipe, about two and a half inches in length. The duration of its stay in the stomach could not be ascertained. After the removal of the foreign body the wound closed in

sixteen days, during nine of which the patient received nutrient enemata. After four years the patient's condition was satisfactory.—*Lancet*, 1891.

*Robson.*—Gastrostomy for cancer. Patient, a man aged fifty-one, had suffered from dysphagia for five months. Gastrostomy performed in two sittings; the patient lived for eleven months, when he succumbed from extension of the cancer.—*Brit. Med. Jour.*, 1890.

*Duncan.*—Gastrostomy for stricture of the œsophagus. Man, forty-five years old, suffering from stricture of the œsophagus, cancerous in character; survived the operation three months. Gastrostomy was made in a single sitting, which Duncan prefers to the double operation, the latter naturally causing another shock when the patient is already much weakened. Two cases of the author's succumbed to the second operation, whereas in five cases done at a single operation the period of survival varied from three to eleven months.—*Edinburgh Med. Jour.*

*Kilner Clarke.*—Gastro-enterostomy. A woman of thirty-six, suffering from a cancer of the pylorus, was treated by gastro-enterostomy. Patient survived but thirty days, dying from persistent vomiting, due to some separation of anastomotic connections.—*Brit. Med. Jour.*, 1891.

*Gay.*—Gastrostomy. A man, fifty years old, had suffered from increasing difficulty in deglutition until he found himself wholly unable to swallow even liquid food. He had lost thirty pounds in weight. The cervical glands were enlarged, and the finest bougie penetrated the stricture with difficulty. Gastrostomy was successfully made, but the patient died of inanition twenty-six days after the operation.

*Whitehead.*—Gastrostomy. A woman had suffered for eight days from dysphagia. Gastrostomy was finally performed, giving much relief, and the patient was fed through the fistula for two months. Swallowing was then easily possible, and so satisfactorily performed that the wound was closed. The dysphagia shortly returned, with temporary retention and subsequent vomiting of food. Patient died soon

after from exhaustion. A malignant stricture was found, with a dilatation three inches long and two inches broad above it.

*McAllister*.—Laparotomy for intestinal obstruction. An artist, thirty years of age, after suffering four days from violent pain in the abdomen, with all the other signs of intestinal obstruction, suddenly developed fecal vomiting. Abdomen tympanitic, thighs flexed over abdomen, face anxious. Incision, five inches, made in linea alba; obstruction found to be due to invagination of about eight inches long. The obstruction was relieved and the recovery satisfactory.—*Med. and Surg. Reporter*, 1890. J. E.

## THERAPEUTIC NOTES

FROM FRENCH AND GERMAN JOURNALS.

TRANSLATED BY  
F. H. PRITCHARD, M.D.,  
NORWALK, O.

### CARDIAC ECTASIA OF YOUNG PERSONS.

Prof. Germain Sée (*La Semaine médicale*, No. 61, 1891) has shown that cardiac ectasia or hypertrophy is very frequent in growing persons. Dr. R. Blache divides them into three groups, according as one of three following symptoms predominates: tachycardia, dyspnœa or headache. In this state, due to the development of the thorax being less than that of the hypertrophic heart, the aim of treatment is to moderate the over-activity of the heart and increase the thoracic capacity. As remedies he employs digitalis, with or without iron, caffeine, and especially the tincture of convallaria, either alone or together with the iodide of potash. In cases where the tachycardia is accompanied with chloro-anæmia the writer uses the following formula:

℞ Peppermint water, . . . gms. 260  
(fl. 3viii).  
Tartrate of iron and potash, gms. 4  
(3j).  
Tinct. of digitalis, . . . gms. 2  
(gtts. xxx).  
Syrup of ether, . . . gms. 40  
(fl. 3jss).  
A teaspoonful before each meal.

Where there is simple tachycardia without anæmic symptoms one may give eight to ten drops of the tincture of convallaria majalis morning and evening. One may also prescribe frictions of alcohol to the skin by means of a woollen glove, which treatment the writer prefers to hydrotherapy. The diet should be substantial and nourishing. Appropriate gymnastic exercises, especially those which enlarge the chest, are to be recommended, while all violent exercise is to be avoided. Massage of the thoracic muscles, as well as those of the limbs and trunk, is of service.

### POST-PARTUM ECLAMPSIA.

Dr. Strisover (*Mediz. Oboz.; Le Bulletin médical*, No. 5, 1892) advises subcutaneous injections of the hydrochlorate of pilocarpine in post-partum eclampsia. He has treated ten cases thus, without a single death. He employs the following solution:

℞ Pilocarpine muriate, cgms. 5 (gr. j).  
Water, . . . gms. 4 (fl. 3j).  
Inject a (Pravaz) syringe-ful at once.

He concludes as follows:

1. The hydrochlorate of pilocarpine is a certain remedy in eclampsia.
2. Cardiac weakness is no contra-indication to repetition of the injection when the spasms reappear.
3. Abnormal contraction of the pupil indicates that the disease is still at hand and that spasms are imminent.

### BORIC ACID IN TYPHOID FEVER.

Dr. Keegan (*Le Bulletin médical*, No. 103, 1891) calls attention to the favorable action of boric acid, given internally, in typhoid fever. He employed from six to twelve decigrammes (nine to eighteen grains) every four hours in fifty-two cases. The meteorism and diarrhœa diminished rapidly, to disappear completely; the tongue became moist, the fuliginous covering disappeared, and their general condition improved considerably. In two cases he even thought that he aborted the disease.

# THE CINCINNATI LANCET-CLINIC:

*A Weekly Journal of*  
**MEDICINE AND SURGERY**

ISSUED EVERY SATURDAY.

EDITORS:

A. B. RICHARDSON, M.D.

J. C. OLIVER, M.D.

L. S. COLTER, M.D.

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Cincinnati, March 5, 1892.

## Editorial.

### THE RELATION OF MEDICINE TO SOCIOLOGY.

The science of medicine is so comprehensive a subject that it extends more or less into every phase and condition of people. To consider the art of prescribing for the relief of the various diseases as of paramount importance is putting a very low estimate upon our noble profession, for it is in this branch that we find the hiding-place of empiricism, quackery and narrow-mindedness. Beyond and above the mere prescribing of drugs we find that physicians, from their peculiar studies, must become participants in the grandest and most occult questions of the day.

The present status of society is not perfect; the future must bring about many reforms, and we, as physicians, have a better opportunity for becoming leaders of advanced thought than perhaps any other body of men. From the very nature of our calling we must be

prepared to act as advisers to the class of people who receive the less pleasant parts of our social system. A double advisory function is ours, for we must not only point out the way of advance, but we must especially advise against actions and theories that will lead to results not all desirable. The latter function is the easier one, but it requires much good judgment and tact to instill into others the results of our practical experience and trained observation. It is only through experience and circumspection that we shall be able to be of use in these highly important and burning questions of the day.

All over the known world there pervades a feeling of unrest and disquietude. The vast majority of mankind complain, and truthfully, that the pleasures and luxuries of life are for a very small proportion of mankind. The wealth of the world is in the hands of a very few; capital is supreme and labor is oppressed. From these facts there has been evolved methods for the relief of the poor, and for the equitable distribution of wealth; this system, if it can be called a system as yet, has been christened "socialism." We give a definition below which we believe is an accurate one, without prejudice in either direction:

"The socialists maintain that the present system (in which land and capital are the property of private individuals freely struggling for increase of wealth) leads inevitably to social and economic anarchy, to the degradation of the working man and his family, to the growth of vice and idleness among the wealthy classes and their dependents, to bad and inartistic workmanship; and that it is tending more and more to separate society into two classes—wealthy millionaires confronted with an enormous mass of proletarians—the issue out of which must either be socialism or social ruin. To avoid all of these



evils and secure a more equitable distribution of the means and appliances for happiness, the socialist proposes that land and capital, which are the requisites of labor and the source of all wealth and culture, should become the property of society, and be managed by it for the general good. In thus maintaining that society should assume the management of industry and secure an equitable distribution of its fruits socialists are agreed, but in the most important points of detail they differ very greatly."

We believe that all of us can fully subscribe to the statement that inequality of distribution does exist; that all men are not equally supplied with the comforts and good things of this world; that our social system is very imperfect; that injustice flourishes at the expense of the poorer class of mankind. All these things will be freely admitted by all, but when it comes to the remedies suggested we find that the majority of socialists jump to very unwise conclusions. For when they seriously propose that all money and property be controlled and regulated by the central government, we immediately feel like asking: "Have the institutions which have been under the control of the government ever shown that it was wise to place the control there? Has not government control in this country become synonymous with political jobbery and dishonesty? If we cannot safely intrust it with small affairs, will the imposition of unlimited power and authority make it honest and reliable?" If all men were honest the scheme might be practicable, but were this the case social equity would come of itself.

We do not propose to go into a detailed analysis of the plans that have been proposed, because many are fanciful, some are impractical, all are unsatisfactory, and come short of the object sought.

It is just here that our advisory functions must be exercised, and the weight of our influence thrown against these wild and fanciful proposals. Our position must be advisory to both classes of society, and from our peculiar social status we can do much to eventually bring about a more satisfactory state of affairs.

No reference has been made to the branch of sociology known as criminology, for the reason that our connection with it is so evident that reference to this subject would be almost superfluous.

---

#### THE LEGISLATIVE SITUATION.

The substitute for the Sterritt bill, prepared by the joint committee from the medical societies of Cincinnati, is in the House, and has been set for third reading on Thursday, March 9. There is a vigorous opposition from two sources. The fifty or seventy-five Physio-medical physicians of the State are objecting because it does not compel the appointment on a board of seven of one of their number, representing one out of seventy of the practitioners of the State. This is almost a *reductio ad absurdum* of the rights of special forms of medical practice. The other source of opposition is the newspapers of certain sections of the State, who fancy they see a scheme in it to deprive them of a little of their perquisites. There certainly is nothing in the bill which in any way interferes with advertising, unless they acknowledge that they secure much of this from disreputable or unworthy sources.

The combined efforts of all legitimate physicians will be required, and we earnestly hope that every one of our readers will contribute his mite. A

few well-directed telegrams to your representatives will accomplish much. Act at once, for no time is to be lost. The bill is a fair measure to all legitimate schools of practice, and discriminates against no one. The Physio-medical school will be as safe under it as any other if they come up to the standard which will be fixed for medical education. This they maintain they have done, therefore they will not be hurt. There is no attempt in the bill to dictate *how* any one shall practice, but simply to try to ascertain that every one practicing shall have the necessary education to do so safely to the community.

#### LOCAL SOCIETY NOTICES.

##### ACADEMY OF MEDICINE.

Monday evening, March 7, the annual election of officers will take place.

##### CINCINNATI MEDICAL SOCIETY.—

Tuesday evening, March 8, DR. RUFUS B. HALL will read a paper on "Tubercular Peritonitis," with report of cases.

#### PUBLISHER'S NOTICES.

NOTWITHSTANDING the large number of HYPOPHOSPHITES on the market, it is quite difficult to obtain a uniform and reliable Syrup. "ROBINSON'S" is a highly elegant preparation, and possesses an advantage over some others, in that it holds the various salts, including Iron, Quinine, and Strychnine, etc., in PERFECT SOLUTION, and is not liable to the formation of fungous growths.

#### *Preserve your Files:*

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## Selections.

### FROM CURRENT MEDICAL LITERATURE.

#### THE PARASITE OF IRREGULAR MALARIAL FEVERS.

Dr. M. W. Sakharoff (*Ann. de l'Inst. Pasteur*, July 25, 1891) has a note on certain parasites occurring in the blood of patients suffering from irregular malarial attacks. These are different from those found in the "regular" fevers, being small, pale bodies enclosed in the blood-corpuscles, endowed with amœboid movements, and assuming a round shape when at rest. In course of development this amœboid condition undergoes the following modifications: Pigment granules appear, mobility is gradually lost, and the form becomes round. The granules unite into a mass at one side or in the middle of the parasite, and a nucleus previously visible can be no longer seen. During this time the parasite increases in size, but always remains smaller than the blood-corpuscle, of which a large portion is unoccupied. After a time fission commences, and this may be observed in blood drawn from the finger (the parasite described by Marchiafava in connection with regular malaria only divides in the internal organs and not in shed blood). This fission takes place in the interior of the corpuscles, after which the segments, from four to sixteen in number, escape, and either remain free or become enclosed in leucocytes. In these latter further development very rarely occurs. This is the normal life-history, but two modifications may be at times observed: (1) Sometimes the course is more rapid, and fission begins before pigment formation. (2) At other times new crescentic forms appear, and the disease assumes a chronic course. This is a highly interesting form, and one about which there has been some controversy. The author believes (1) that in cases in which these occur the fever seldom assumes a recurrent form. He considers (2) that usually these

crescentic bodies are not developed, although at the commencement the amœboid parasites may be present in enormous numbers. He states also (3) that these crescentic bodies may be found in the blood of patients suffering from an irregular attack, but are very seldom seen in the course of a regular malaria. These crescents change gradually into oval or round bodies. Generally also, as the author has proved by actual observation, some of those round bodies develop a number of motile filaments, at least this has been the case in preparations outside the body; finally they disappear and leave no trace.

Attempts to cultivate the parasite have failed. Fowls also showed themselves insusceptible, and the parasite has not been found in their blood, although these are said to suffer from the malaria. In the blood of some geese, however, affected in an extremely malarial district of the Caucasus, the author found hitherto undescribed spiral parasite. He is making further researches on this parasite.—*N. Y. Med. Record*.

#### BACTERIOLOGY OF NORMAL URINE.

Enriquez communicates (*Sem. Méd.*, November 15, 1891) the results of some bacteriological researches on normal urine. These may be classed under three heads: (1) Urine from people free from all local or general infection; (2) urine withdrawn aseptically immediately after death—none of these cases had died from infectious diseases; (3) urine and blood of animals (three rabbits and ten guinea pigs) taken at random, and apparently healthy.

As regards the human urine, sixteen cases were examined (eleven of No. 1, five of No. 2). Ten times the urine contained no microbes, five times it contained staphylococcus pyogenes, and once a non-pathogenic micrococcus. Four of these latter cases were patients in the same ward; another had had a sore throat a fortnight before but was apparently cured; and in the sixth case there was on one of the fingers a small

abrasion which had given rise to a slight pus-formation. It seems, therefore, that microbes can live in the blood, and be excreted in the urine some time after they have ceased to show either local or general signs of their presence.

As to the animals, the urine of the rabbits was in every case sterile; of the guinea-pigs, five times their urine was sterile, four times it contained staphylococcus pyogenes, and once staphylococci, together with a bacillus. Examination of the heart blood and of the bile of these animals showed the presence of the same microbes.

The general conclusions are as follows: (1) Normal urine is aseptic; (2) there are cases, however, in which it may contain microbes, without the existence of signs either of local or general infection. These probably may be explained as microbes accidentally present in the blood which have passed through the kidney.—*British Medical Journal*, January 23, 1892.

#### ON MIXED INFECTION BY THE TYPHOID BACILLUS AND THE STREPTOCOCCUS.

From the January number of the *Épître of Medicine* we clip the following interesting item:

Villard and Vincent (*La France Médicale*, November 20, 1891) say that the simultaneous infection of the organism by these two germs frequently occurs and plays an important factor in the causation of death in typhoid. Of sixteen autopsies, this association was determined to exist in five; the germs being found in the mesenteric glands, liver, spleen, blood, and nervous system.

The examples of this mixed infection naturally fall into two groups. In one, the streptococcus supervenes in the course of the disease and upon an organism already dominated by the typhoid poison. In the other, the microbic association is developed from the start. The first group comprises the greater number of cases. An angina, an otitis, an erysipelas, have all been the first local manifestation of the

presence of the streptococcus. The system, already weakened by the typhoid invasion, becomes impotent to destroy, by phagocytosis, the harmful streptococcus, and to prevent the development in the system of what are really primary local cultures of the germ. Therefrom comes the danger of a general invasion with the recrudescence of all the constitutional symptoms.

In the second set of cases, the association of germs appears to exist from the start of the disease, and there results a sort of strepto-typhoid, the prognosis in which is very grave, and the effects of which very largely expend themselves upon the nervous system. This form of infection can determine the existence of typhoid fever without its classical intestinal lesions. The bacteriological examination reveals the presence of the typhoid bacillus in all the viscera and in the nervous system. At the same time the streptococci are found in large numbers in the spleen and brain.

#### THE POISON THEORY AND PHAGOCYTOSIS.

Sanarelli says (*Centralb. f. Bakt. u. Paras.*) he showed in Number XIV-XVI of the same journal how the lymph from the posterior lymph sac of the frog possessed the property of rendering anthrax foci inert whether these latter contained spores are not. Pieces of the spleen taken from animals dead of anthrax and introduced beneath the frog's skin, or cultivations brought into contact with this lymph (free from leucocytes), lose their virulence. The lymph acts, not upon the vitality, but upon the virulence of these organisms. Experiments have not shown that the lymph is a true specific capable of destroying the anthrax foci, but that it is an unfavorable cultivation medium.

The organisms rapidly regain their virulence when transferred to a suitable medium. All are agreed that the cells quickly seize upon the bacteria, for they may be seen containing bacteria three to four hours after inocula-

tion. Even while in the cells, the organisms may excrete toxic substances, which irritate the heat centers and cause a rise of temperature. Metschnikoff has certainly seen movements in the bacilli in these cells, and this must be evidence of life. He has also seen the partly taken up bacilli grow and capable of forming virulent cultures.

The question arises as to the value of phagocytosis as compared with the bacteria-killing properties of organic fluids in refractory animals. Sanarelli says that he cannot believe, with the exclusive supporters of this poison theory, that the leucocytes can only take up the bacilli when these are dead, nor yet with the extreme partisans of phagocytosis that there is a veritable conflict between the leucocytes and the bacteria. He prefers to think that, owing to the unfavorable soil, the pathogenic organisms have their growth checked, and that the leucocytes gradually take them up and remove them from the body. This confirms Petruschky's view that the bacteria-killing action is able to explain of itself, and without the least help from the leucocytes, the immunity of frogs against anthrax.—*British Med. Jour.*

#### DANDRUFF.

The following pomade is recommended in the treatment of dandruff:

℞ Acidi salicylici, . . .	℥ss.
Sodii boratis, . . .	grs. xv.
Bals. peruviani, . . .	℥ xxiv.
Ol. anisi, . . .	℥ v.
Ol. bergamot, . . .	℥ xv.
Vasellini, . . .	℥ iij.
M. et ft. unguentum.	

—*Med. Record.*

#### TONSILLITIS.

Much relief is said to be often obtained by a gargle containing chloral, according to the following formula:

℞ Chloralis, . . .	grs. xv.
Glycerini, . . .	} aa ℥jss.
Aque. . . . .	
M. Sig.: For use as a gargle.	

—*Med. Record.*

## Miscellany.

HEALTH DEPARTMENT OF  
CINCINNATI.Statement of Contagious Diseases  
for week ending February 26, 1892:

WARD.	Measles.		Scarlet Fever.		Whooping Cough.	Diphtheria.		Croup.		Typhoid Fever.	
	Cases.	Deaths.	Cases.	Deaths.		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....	2		3								
2.....	2					1	1				
3.....								1	1		
4.....											
5.....	1		1								
6.....	1										
7.....			1		2	1	1				
8.....	1									1	
9.....						1					
10.....	1		2		1						
11.....	1		4			1	1				
12.....			1			1				1	
13.....						2					
14.....	1						1				1
15.....	1		1								
16.....	2		1								
17.....	1		1								
18.....						1					
19.....	2					1					
20.....	1										
21.....						1					
22.....			2				1				
23.....			2		1	4					5
24.....			2			2	1				1
25.....					3	1					
26.....	5		1			2					
27.....						1					
28.....			1			3	2				
29.....						1					
30.....			1		1	1					
Public Institu- tions.....							2				1
Totals.....	22		24		8	25	11	1	2	7	1
Last week.....	28		49		1	26	10	1	2	3	2

Mortality Report for the week end-  
ing February 27, 1892:

Croup.....	2
Diarrhoeal Diseases.....	4
Diphtheria.....	11
Influenza.....	5
Typhoid Fever.....	1
Other Zymotic Diseases.....	3—26
Cancer.....	5
Phthisis Pulmonalis.....	18
Other Constitutional Diseases.....	6—29

Apoplexy.....	2
Bright's Disease.....	2
Bronchitis.....	12
Gastritis—Gastro-Enteritis.....	3
Meningitis.....	7
Nephritis.....	2
Pneumonia.....	18
Other Local Diseases.....	28—74
Deaths from Developmental Diseases.....	14
Deaths from Violence.....	5

Deaths from all causes.....	148
Annual rate per 1,000.....	25.65
Deaths under 1 year.....	33
Deaths between 1 and 5 years.....	25—58
Deaths for corresponding week of 1891....	137
Deaths for corresponding week of 1890....	124
Deaths for corresponding week of 1889....	114

J. W. PRENDERGAST, M.D.,  
Health Officer.

## ONE WAY TO ADVERTISE.

There is a widespread popular belief that physicians do not advertise. This is not strictly speaking, in accord with the facts of the case. Without advertising one's profession, qualifications, and ability, success is either not attained at all, or comes so slowly and so late that it can scarcely be counted a success. Bringing and keeping one's self before the public is as necessary in a physician's work as in that of any other man—but it is not necessary for him to secure the necessary publicity in the usual ways of trade. The conscientious, painstaking, and wide-awake man who does not forget what is due to himself, neglects no opportunity to do the best he can in every case which comes to him, and thus make his work, his self-denial, his gentlemanliness, all serve as an advertisement of his worth and bring him work.

He who writes, speaks, lectures, operates before bodies of physicians or students is constantly advertising himself whether he will or not. He is making an impression which will influence his professional career in one way or another. There are certain other kinds of advertising which are not looked upon so favorably by the profession when indulged in by one of its members. We shall speak now only of one. For several years past physicians in New York have received regularly each month a package of cards from a "specialist in female complaints."

Now, one would not suppose that this form of advertising would pay. A man is not at all likely to refer patients to a specialist who is known to him simply through being bored twelve times a year by the receipt of some cheaply printed cards when he is probably looking for a check in the mail that brings them. That it does pay, however, would seem to be indicated by the fact that imitators have sprung up. Men equally unknown to fame, but who evidently have their printing done in the same office in equally large quantities, and mailed in numbers consistent with the limits of one cent postage. The only explanation of the success of the scheme which presents itself to us is

that a sufficient number of cards sift out on the way through the mails and are picked up by the thoughtless, or that enough reach servants and ashmen by way of the waste-basket to return a profit on the outlay. We do not object to a physician stating his specialty on his card, if he has a specialty and

desires to state it, but when he regularly and persistently forces those cards upon you in large blocks, and you have never had the pleasure of an introduction, it would be quite as well to tear them in two before trusting them to the paper-basket.

—*N. Y. Med. Record.*

#### A SUIT FOR DAMAGES.

A suit against the New York Hospital for damages sustained by a boy patient who was alleged to have suffered amputation of the thigh as a result of mortification of the leg from tight bandaging for fracture, has been non-suited upon the ruling that no action for malpractice can hold against a charitable institution which uses every care in the selection of competent surgeons to treat its patients.

—*N. Y. Med. Record.*

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Vol. XXVIII—No. 11.

Cincinnati, March 12, 1892.

WHOLE VOLUME  
LXVII.

## CONTENTS.

### ORIGINAL ARTICLES.

INTESTINAL COMPLICATIONS FROM DELAYED OPERATION  
in Suppurative Disease of the Uterine Appendages.  
By Charles A. L. Reed, M.D., Cincinnati. 327

TREATMENT OF THE LARYNX IN CONSUMPTION. By  
J. A. Thompson, M.D., Cincinnati. 328

A CASE OF SALIVARY CALCULUS. By F. P. Dorschug,  
M.D., Cincinnati. 332

### CORRESPONDENCE.

OUR PARIS LETTER. By M. E. C. 333

### SOCIETY REPORTS.

WALNUT HILLS MEDICAL SOCIETY.  
Meeting of February 10, 1892.

Appendicitis. By E. Ricketts, M.D. 335

Metastatic Cancer. By Orin S. Mills, M.D. 336

### ACADEMY OF MEDICINE.

Meeting of January 18, 1892.

Discussion on Intestinal Complications from Delayed  
Operation in Suppurative Disease of the Uterine  
Appendages. 336

### EDITORIAL.

THE TRAINING-SCHOOL IN THE CINCINNATI HOSPITAL. 345

DIPLOMANIA. 347

A QUESTION OF ETHICS AND EQUITY. 348

EDITORIAL NOTES: "Dr." Karl Virchow Schick. — Ty-

phus Fever.—The Bradford Case. 349

The International Periodical Gynecological and Obstetri-  
cal Congress.—The Pan-American Medical Congress  
in New York State.—A Society for the Help of Dis-  
charged Lunatics. 350

### TRANSLATIONS.

MOLIERE AND GUI PATIN.—Chapter II. By Thomas C.  
Minor, M.D. 337

THERAPEUTIC NOTES. By F. H. Pritchard, M.D., Nor-  
walk, O.

A Salve to Quiet the Itching of Measles, Scarlatina  
and Chicken Pox.—Creasote in the Grippe. 332

Iodide of Potash as a Cicatrizing.—Eggs in Rectal  
Feeding. 334

Arsenic in Syphilis. 336

Hyperchloridia.—Antipyrin in Hepatic Colic. 337

How to Administer Quinine in Intermittent Fever.—

Cold Water Internally in Typhoid Fever. 342

Chronic Tuberculous Typhlitis.—Influenza. 343

Diphtheria.—Salipyrine in Rheumatic Affections. 344

Carbolic Acid Hypodermatically in Traumatic Tetanus. 345

Contents continued on Advg. p. 4.

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I feel personally under obligations to those who have presented so valuable a product to the medical profession, and many a tired and faded patient will be revived and strengthened by the life-giving drink, Ale and Beef, "Peptonized," which is a happy union, in that it contains mildly stimulating (alcohol in small quantity), gently tonic (a modicum of the active principle of hops), decidedly nutrient (malt and beef) and positive digestive (diastase and peptonoids) properties—a union which is in harmony with well-known physiological principles, and will in my judgment be indorsed by careful bedside clinicians.

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CINCINNATI, July 9, 1890.

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I am yours truly,  
J. C. CULBERTSON, M.D.

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S. W. JENKINS, Dep't Physician, St. Louis, Mo.

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Very respectfully,  
WILLIS P. KING, M.D.,  
Asst Chief Surgeon, Mo. P. Ry.

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Whole Volume LXVII.

## Original Articles.

### INTESTINAL COMPLICATIONS FROM DELAYED OPERA- TION IN SUPPURATIVE DIS- EASE OF THE UTERINE AP- PENDAGES.

A Paper read before the Academy of Medicine,  
January 18, 1892.

BY

CHARLES A. L. REED, M.D.,  
CINCINNATI.

I have from time to time presented to the Academy specimens illustrative of complications arising from delayed operations in cases of suppurative diseases of the uterine appendages. For the most part the complications have consisted of firm pelvic adhesions which have rendered the enucleation of the appendages extremely difficult. In some cases a more serious accident occurs, and that accident consists in rupture of pus pockets in an effort to lift out the appendages. In this way the pelvic cavity and the entire field of operation becomes contaminated. It is true that in a majority of such instances surgery takes place because thorough cleansing is practiced by means of flushing, but it does not follow that it is a good thing to contaminate the field of operation with pus. In the majority of all of our fatal cases some such complication can be truthfully assigned as the cause of death, and such complications can with equal truthfulness be assigned to delay. When, therefore, the question of responsibility for the death comes under consideration, it must clearly and in all justice be laid at the door of the

person responsible for the delay. I have a case in point this evening, not a fatal case, I trust, but yet one presenting the most serious complications from delay, and I take the more satisfaction in presenting this case, in emphasis of this view, for the reason that the very skillful attending physician, my friend Dr. H. E. Twitchell, of Hamilton, O., has constantly advised operation. She entered the Woman's Surgical Hospital in my service. The record reads as follows:

Mrs. M. E. M., æt. thirty-one, has been married eleven years; was never pregnant. Hurt herself by lifting when she was seventeen, and has ever since had pain in the region of the uterus. Ten years ago the pain became worse, more general and more persistent. The trouble at that time became more pronounced on the right side. Six years ago she had "abscess of the ovary," according to the diagnosis of Dr. Twitchell, who at that time urged an operation which the patient declined. The abscess discharged copiously through the bowels. A year later she had a repetition of the experience, the discharge taking place on this occasion also through the rectum. Two years later, that is, three years ago, there occurred a third gathering which discharged this time through the vagina. On each of these three occasions the patient was a long time in bed. On digital examination there was tumefaction above either fornix, that on the left side not very large or very tender, that on the right as large as an orange and very sensitive.

At the operation the appendages were bound down most firmly. I do not remember to have encountered adhesions of equal firmness and similar extent. On the right side there was,

as will be observed from the specimen, a cyst as large as a hen's egg. This mass was, however, most firmly adherent to the jejunum, and in the attempt at enucleation a rent an inch and a half long was made in the gut. This was closed by the Czerny-Lembert method, a drainage-tube was inserted and the patient put to bed in an average condition. I now believe that she will recover.

*Subsequent Report to the Academy, Three Weeks Later.*—The reaction was prompt and the patient slept some the first night. The next morning her pulse and temperature were normal, and so continued until the second day, when I was hastily summoned to the Hospital. The pulse was now 160, the belly very tympanitic, and the drainage reduced to a minimum. The patient had passed flatus, and was having no disturbance at the stomach. I at once removed the drainage-tube, when much to my surprise a large amount of odorless gas came whistling through the drainage-tube tract. The belly at once flattened out, and the pulse speedily became normal. A soft tube was kept in for a day longer, but as it seemed to be subserving no useful purpose, it was removed. Two days later, however, the belly again became puffed, when a grooved director was pushed through the recently united incision. The gas again escaped, and from this time on there was no trouble, and the patient is now well.

There are several points in this case that are instructive: (1) The adhesion to the intestine shows the evil of delay. (2) The escape of gas into the peritoneal cavity shows the possibility of a pin-hole fistula, which will admit of the transmission of gas but not of fecal matter. (3) Gas from the intestine as high up as the jejunum is odorless and innocuous. (4) A drainage-tube may become so fenced off that it will not drain the general peritoneal cavity even of gas.

[FOR DISCUSSION SEE P. 336].

YEARLY subscription to the LANCET CLINIC \$3.00 if paid *in advance*.

## TREATMENT OF THE LARYNX IN CONSUMPTION.

A Paper read before the Cincinnati Medical Society, February 23, 1892,

BY

J. A. THOMPSON, M.D.,  
CINCINNATI.

I have but little that is new to offer on an old subject. Considerable experience, though, with cases of laryngeal tuberculosis, complicating consumption, convinces me that physicians are not utilizing for the benefit of their patients and their own reputations all that is known on this question.

The larynx receives direct treatment in only a very small per cent. of all cases of pulmonary tuberculosis. It is diseased, and aggravates the symptoms in one-third of all cases of consumption. Heinze, of Leipzig, examined 1,226 cases of consumption, and found tubercular ulceration of the larynx in 30 per cent. Morell Mackenzie found some form of tubercular laryngitis complicating 33 per cent. of all cases where the lungs were affected.

The primary lesion is in the lungs. The general practitioner sees the patient first. Concentrating his attention on the pulmonary disease, he devotes all his knowledge and skill to arresting its progress. He forgets sometimes that a secondary local trouble may be causing more discomfort to his patient and weakening him more rapidly than the disease in his lungs.

The therapeutic knowledge and skill of the laryngologist would greatly aid his co-workers in many more cases than the latter thinks. In the earlier stages of consumption laryngeal lesions yield promptly to proper local treatment, but most laryngologists say they are seldom called into a case until extensive destruction of the lungs or severe laryngeal ulceration makes the case hopeless. The work to be done by the general practitioner and the laryngologist is so distinct there is no need of conflict, but great reason for union of forces. Combined effort in appropriate cases, that is, in one-third of all cases of consumption, would show a

much greater percentage of recoveries from the most fatal of all diseases.

All will admit that we have no cure for consumption. The best that we can do is to relieve distressing symptoms and promote nutrition by attention to diet, clothing, occupation, place of residence, and other numerous details that belong to the domain of the general practitioner. If this symptomatic treatment is intelligently directed nature often accomplishes a cure.

In treating distressing symptoms, there are three prominent ones in consumption that can often be relieved more readily and with less disturbance of general nutrition by local treatment than by internal medication. These are cough, dyspnoea and pain. "In no case of pulmonary consumption should frequent inspection of the larynx be omitted, so that the earliest sign of disease in that region may be discovered and treated." This is the dictum of Solomon Solis-Cohen in the article on "Tuberculosis" in Hare's new "System of Therapeutics."

If these frequent laryngoscopic examinations are made, either by the general practitioner or specialist, the first, in point of time in a case of consumption, that will be found, will be a laryngitis. It will have all the symptoms of chronic catarrhal laryngitis including an exhausting cough. Whether or not this is a tubercular affection pathologists are not agreed. The point of importance in this connection is that it yields to the ordinary treatment of chronic laryngitis, although recovery is slower. Treatment of the larynx in this condition has two important results. First, it relieves cough. There is no cough more annoying, more constant, or more weakening than one caused by inflammation or swelling in the larynx. Constitutional treatment affects a laryngeal cough but little. Direct local applications will lessen the swelling and obtund the sensibility of the inflamed part. Every physician dreads the time when, in a case of consumption, he must make a choice between giving narcotics that interfere with nutrition

or allowing his patient to be exhausted by constant cough. If the laryngeal irritation is overcome the evil day may be postponed, often for weeks or months, sometimes indefinitely. Secondly, local treatment of the larynx when in a state of catarrhal inflammation will prevent graver lesions if the vital powers are not too much exhausted. The prognosis in laryngeal tuberculosis is determined not by the condition of the larynx but of the lungs and general nutrition. If the laryngitis is kept under control while there is still recuperative power in the system there is much less chance of local infection by the sputum with consequent infiltration or ulceration of laryngeal tissues. I believe it within the power of medical science now, to prevent the terrible ulcers that make the closing days of some cases of consumption a time of indescribable agony, provided frequent examinations of the larynx are made in all cases of consumption and local treatment begun in time.

A second symptom very distressing to the patient and one that rapidly exhausts him is dyspnoea. Late in the case it is usually due either to heart failure or extensive destruction of the lung tissue, and can only be relieved temporarily if at all. Earlier in the case it is usually due to obstructive lesions in the larynx, and is amenable to local treatment. In consumption with secondary disease of the larynx, there follows the catarrhal inflammation the formation of tuberculous nodules, often of large size, in the mucous membrane. The effect of this infiltration will depend on its site. If it is in the epiglottis, swallowing will be made difficult. If around the arytenoids, it will cause dyspnoea either by direct obstruction of the glottis or by fixing the cords in a position of semi-approximation. The vegetations that spring from the site of or around the margins of old ulcers also obstruct the larynx in many cases. This obstruction may cause little discomfort while the patient is quiet, but it brings on distressing dyspnoea when any exertion is made. The local condition may apparently be a trivial factor, and in the

minds of many doctors may not deserve much consideration compared with graver lesions in the lungs. But I think I can demonstrate that slight but constant obstruction of the glottis has a greater effect in impairing general nutrition than consolidation of the pulmonary apices. The tidal air in ordinary respiration is only one-fifth of the vital capacity. Slight increase in the depth or frequency of respiration will compensate for the loss of function in considerable areas of lung tissues. But there is no such natural surplus of functional power in the glottis. The effect of even slight obstruction there is shown in deficient oxidation of the blood and impaired nutrition. Too small a cause to produce such great results? The deadliest pathogenic forces are those whose action is slight but constant. In proof of this we can cite from general medicine the causes of granular nephritis and cirrhosis of the liver. In laryngology we see the effect of slight obstruction in the upper air passages in the deformed chests of children, who, to avoid operation, are permitted to "outgrow" hypertrophied tonsils. A patient of mine, an athlete, sound in every other organ, lost thirty pounds in weight from laryngeal obstruction caused by papillomatous growths on the cord. The lost weight and strength were rapidly regained without any other treatment than removal of the tumors. All that might be gained by exercise in the open air is lost in these cases with obstruction of the glottis because dyspnoea prevents exertion.

Briefly stated, the reasons tubercular infiltration of the larynx so interferes with general nutrition are as follows: All the nutritive changes in the body are dependent on an abundant supply of oxygen. If it is lessened the whole series of chemico-vital changes that we include under the general term nutrition are hindered from lack of a necessary material in the blood. If we may judge from chemical actions outside of the body, the chemistry of nutrition may not only be impaired but perverted by want of oxygen. Nutritive changes in foods

are largely successive oxidations by which very complex organic compounds are converted into comparatively simple excreta. The presence or absence of oxygen in normal proportion in this preparation of food for the body's use may mean all the difference between a nutrient product or a toxic metabolin. Hence it is that there are conditions in consumption where laryngeal surgery will do more to promote general nutrition than all the hypophosphites, malt, cod-liver oil or alcohol in creation, however valuable these may be in appropriate conditions.

The case of Miss K. is a good one to illustrate the constitutional effects of laryngeal obstruction from tubercular infiltration. She is a small, slight brunette. Her father and mother both died from consumption a few months before she consulted Prof. J. C. Mackenzie. I will not attempt to describe her pulmonary disease, because she was sent to me to have the larynx treated, and I examined nothing but the throat. She was anæmic, lips and finger-nails somewhat blue, and very thin in flesh. She had a constant racking cough, with little expectoration; swallowing was difficult, sometimes painful. The least exertion produced severe dyspnoea. Often after walking one square from the cars to my office and up the four steps to the door she would be so exhausted that a rest was necessary before she could be treated. She was sent to me by Prof. Mackenzie on June 12, 1891, and was under treatment until September 30. When examined the aryepiglottic folds and ventricular bands on either side were found blended in a mass of infiltrating tubercle. The inter-arytenoid fold was greatly enlarged by a similar infiltration. The arytenoids were firmly fixed, with the cords partly approximated, by the tubercular mass that pressed upon them. When phonation was attempted there was not the slightest motion apparent in the cords. The voice was reduced to a rough whisper, inaudible a few feet away. The larynx was extremely sensitive. Even a spray thrown in gently would produce severe fits of

coughing and occasional attacks of vomiting.

To enter into details of treatment would be foreign to the purpose of a paper already growing lengthy. Suffice it to say that in a case where I had given a fatal prognosis, an opinion indorsed by the family physician, an almost complete recovery occurred. The cough diminished as the hyperæsthesia of the laryngeal membrane yielded to treatment. Dyspnœa on exertion disappeared in proportion to the absorption of the infiltrating tubercles in the larynx. With free supply of oxygen to the sound portions of the lungs the improvement in the general condition was most marked. Appetite returned, strength was regained, and she began to take on flesh. Her voice returned when motion of the arytenoids and tension of the cords was made possible by absorption of the obstructing tubercular masses. I have not seen her for six months, but am told that the pulmonary disease has shown marked improvement since the laryngeal obstruction was removed.

It should of course be remembered in estimating the curative forces in this case that general treatment was most skillfully directed. But I can justly claim that it would have been fruitless had a local complication been overlooked, as it so often is.

There is one condition in consumption causing pain so constant, so severe and so exhausting that its victims suffer more than the denizens of Dante's inferno. It is ulceration over the arytenoids, parts that are never at rest, but move with every breath, every effort at swallowing or speaking. Ulcers in this region are constantly irritated, until they become the cause of indescribable torture. While serving as interne in the Cincinnati Hospital I saw a case of this kind suffer all the pangs of starvation and die, choosing this as a lesser agony than that caused by attempts to swallow. No cases of consumption are so rapidly fatal as these. Patients with this condition die of inanition, while the lungs are often but little involved. As already stated, I believe this condition can be prevented

if the larynx is frequently examined in consumptives and treatment promptly begun. But where, through carelessness of the patient or other causes, it has occurred, much can still be done for relief, even where the disease in the lungs is rapidly hastening the inevitable end. Cases of this kind are, unfortunately, too common too need illustration. My note-books contain many, but I will not weary you with repetitions of what every physician has read and seen, but conclude with a quotation from Solomon Solis-Cohen on the importance of treatment of the larynx in consumption, and how it should be done:

"In infiltrative or ulcerative tuberculosis of the larynx, whether acute or chronic, primary or secondary active local treatment is an absolute necessity. The patient should be seen at least once daily, and whatever line of treatment is decided upon must be persistently and faithfully carried out.

"Manipulations within the larynx should always be entrusted to one who has acquired the necessary dexterity. They are not easy of performance under any circumstances, and in the tortured and broken-down subjects of tuberculous laryngitis are especially difficult. In many instances—the great majority, indeed—the patient's comfort, and in not a few the ultimate issue in recovery or death, will depend upon the judgment and skill with which endo-laryngeal interference is conducted. To depend upon spraying, powder blowing or probanging in the dark by patient, nurse or physician, is in most cases simply trifling with the weightiest matter. \* \* \*

"The important point in treatment, however, is to cover the ulcerated surfaces, and one should not be satisfied unless this be accomplished, except in those rare instances when it is impossible either on account of the situation of the ulcers or the unmanageableness of the patient. The greater the skill and experience of the manipulator, the rarer are these exceptional cases. Some stress should be laid upon this point, for I have seen practitioners delude themselves and their patients with the

idea that they were making a local application of iodoform to laryngeal ulcers by blowing the powder into the glosso-epiglottic sinus or upon the pharyngeal wall or into the œsophagus."

### A CASE OF SALIVARY CALCULUS.

Reported to the Cincinnati Medical Society,  
January 5, 1892,

BY

F. P. DORSCHUG, M.D.,  
CINCINNATI, O.

On October 15, 1891, I was consulted by a married man about thirty-four years of age; vocation, huckster. He was complaining of an enlargement under the angle of the lower jaw on the left side of the neck. He stated he had noticed it for some time, how long he could not state definitely, and that until recently it was unattended by any pain or tenderness, but that lately it was becoming larger and somewhat tender.

Examination showed what appeared to be a simple enlargement of one of the lymphatic glands of the neck; no pain; some tenderness on firm pressure. The enlargement was about the size of an almond kernel. There was absence of any febrile symptoms. I prescribed a placebo in shape of some belladonna ointment as a local application and some tablet triturates of hydrargyri chlor. mite., gr.  $\frac{1}{10}$ , one to be taken every three hours.

October 22.—Saw him again; hardly any change perceptible; no pain or fever. Same treatment continued.

October 27.—Swelling in the neck very much increased, and was attended with pain and very slight fever. Mercurials discontinued, as I began to suspect that the constitutional effect of the mercury was beginning to set in.

October 28.—Swelling very much larger and attended by intense pain, and extended into the mouth under the tongue, which was pushed upward so as to render mastication and articulation difficult. There was an excessive flow of saliva. The enlargement under the

tongue had a doughy feeling and a point of extreme tenderness at the point of opening of the Wharton's duct. There was a slight elevation of the temperature,  $101^{\circ}$  F., pulse 110. I was of the opinion that I had to do with a case of mercurial ptyalism. I ordered iodide potass., 5 grains every three hours, morphia and hot fomentations to neck to allay pain, and potass. chlorate mouth wash.

October 29.—Patient better; no pain; swelling diminished, and all inflammatory or febrile symptoms disappeared.

Patient states that while using the mouth wash "there was a 'pop,' followed by instant relief," and the calculus had escaped from the duct into the mouth. From that time all symptoms disappeared and the glandular enlargement gradually subsided.

The calculus was the size and shape of a canine tooth, weight, 6 grains, greyish in color, laminated, and very fragile, the external layers breaking off very readily.

### A SALVE TO QUIET THE ITCHING OF MEASLES, SCARLATINA AND CHICKEN POX.

Dr. Klein (*La Semaine médicale*, No. 4, 1892) speaks highly of the following:

R Pure anhydrous lanoline, gms. 50  
(3jss).  
Vaseline, . . . gms. 20  
(3vj).  
Distilled water, . . . gms. 25  
(fl. 3vj).

Rub into the skin every three hours.

The evaporation of the water of this salve cools the capillary hyperæmia and quiets the itching.

### CREASOTE IN THE GRIPPE.

Dr. Jselin (*Lo Sperimentale*, No. 1, 1892) gives creasote in large doses in the grippe, either administering it in pill form, each containing five centigrammes (one drop), and the daily dose ranging from twenty to twenty-five pills, or by inhalation in the rhinitis and laryngitis which develop during this disease.—[Pritchard,

## Correspondence.

### OUR PARIS LETTER.

*La Grippe in France.—Researches on Iodism.—The Strontium Salts.—The Clinics of Paris.*

PARIS, February 14, 1892.

*Editors Lancet-Clinic:*

Fortunately the epidemic of influenza is near its end, or at least decreasing, as it can be inferred from the death records, and I am glad to communicate to the LANCET-CLINIC readers the most appropriated preventative medication of that dreadful disease. I would have done so before, but my friend Dujardin-Beaumetz is presently on the Mediterranean coast, and I could not take on myself the responsibility of advocating a new treatment for la grippe, especially when it is understood that the Academy of Medecine of Paris is entitled to the benefit of having discovered that cod-liver oil is the best thing to be taken in the middle of each meal as a preventative. A German physician claimed also that vaccination was a good preventative. He based his claim on the fact that in the German army, where all the soldiers are vaccinated, the mortality was only 1 per 1,000. My opinion is that the vaccination process is no worse nor better than the cod-liver oil medication. The bacillus of influenza has been successfully cultured by Professors Cornil and Chantemesse, and it is a demonstrated fact that la grippe is never mortal, but can induce some complications of a dangerous character.

It is the same old story. The death percentage was very small in the German army, for the only reason that the soldiers were strong and well-developed young men. At the military school of Saint-Cyr, near Paris, 150 cadets were taken sick, and for the same cause there was not a single death to be recorded. The microbe cultivated by Professor Cornil is very small, and is colored with great difficulty. It has the shape of the figure 8, and the cultivation is more successful in gelose or

sweetened broth at a temperature of 37° C. At the end of twenty-four hours the culture shows on top of the gelose a fine pinkish color. But on the broth the coloration is hardly perceptible, fine granulations are only to be seen on the edges.

All this is very interesting, nevertheless the medication is yet forthcoming. The medical papers are full of prescriptions which are eminently curative. I don't feel like advertising the new products of Mr. So and So. As I said to a Parisian medical celebrity: "Your . . . ine or any other . . . ine, like the tuberculine, will cure only as long as the advertisements are paid for." This means that, so far as I know, the medication of la grippe has been symptomatic. By the way, the name of grippe has not been manufactured by the French doctors. King Louis XV is responsible for the paternity of the name of the disease which has been of late baptized influenza. And what is influenza? Rhinitis, when we talk about horses.

At all events I must state that la grippe in France is characterized by the fact that the patients are affected with otitis in the proportion of 65 per cent. I went to the country for a few days, and I am in position to state that it is the general sequence of the epidemic. In the Paris hospitals it is the same thing. The roseola accompanying the epidemic of two years ago is the exception; I saw only one case, and veratrine, given according to my direction, did the work beautifully inside of forty-eight hours. If I mention veratrine (one milligramme or one sixty-seventh of a grain every hour) it is because the lung complications are mostly to be dreaded. Hydroferrocyanate of quinine is also very beneficial in the dose of one-sixth of a grain (one centigramme) every three or four hours. Light diet and lemonade to quench the thirst. An English physician stated last week that bicarbonate of potassium, in the dose of thirty grains every three or four hours, was very beneficial for prophylactic treatment of influenza. The translator(?) of an evening paper transformed the grains into grammes, and I

am surprised that some one was not killed. One gramme is exactly  $15^{492}/1000$  grains. Nevertheless, the transmission of la grippe is not explained yet, as it appears from the following fact: There is a light-house on the rocks of the Casquets, which are in the open sea about twelve miles from the north-eastern end of the island of Guernesey, in the English Channel. The three guards have been taken with the epidemic, and it is a proven fact that not a single boat has landed on the rocks during the last six months. In my estimation we talk a little too much about baccilli, and we neglect the treatment. I was lucky enough the other day to buy an old pharmacopœia of 1849 published by Bouchardat, who has been nicknamed the "Father of Hygiene" in France. He gives at least 400 formulas for the cure of la grippe, and Kermes' mineral seems to be the panacea in vogue at that time. This makes me think of Dr. Baccelli (not Baceilli) who claims that he never lost a case of influenza when prescribing Kermes' mineral in the following style:

R Phenacetine, . . . gms. 0.15  
 Salicylate of quinine, " 0.10  
 Pulverized camphor, . " 0.02  
 Kermes' mineral, . " 0.01

For twelve powders. One powder every four hours, or more if necessary.

This medication is not recommended by me. I only make a mention of it to show that there is nothing new under the sun. Empiricism is not dead yet.

MM. Rohman and Malachowsky, German physicians, were better inspired in publishing lately the results of their researches on iodism. According to Professor Fournier, of Paris, iodide of potassium, in the dose of one gramme, fifty centigrammes, and even twenty centigrammes will produce œdema of the glottis in a few hours. A plain case of idiosyncrasy, of course, but very bothersome. MM. Rohman and Malachowsky were of the opinion that the alkalization of blood should prevent the freeing of iodine gas introduced into the system in the shape of iodide potassium; but they concluded that it would be wise to administer the bicarbonate of soda to prevent iodism. A

dose of five to six grammes daily is sufficient.

The bromide of strontium is apparently taking the place of the bromide of potassium. I have before my eyes the following prescription signed by Dujardin-Beaumetz:

R Bromide of strontium, 15 gms.  
 Distilled water, 250 "  
 Tablespoonful morning and evening.

The patient is a literary man suffering from paresis. The dose is not exaggerated, but the question of the accumulation of the bromides in the organism is not settled yet. The lactate of strontium is not toxic at any dose. The iodide of strontium is good only the first day of its preparation, and harmless the third day.

The clinics are very quiet. The only thing of interest this week are the statistics presented to the Society of Surgery by Professor Bouilly, on the treatment of uterine cancer. Out of fifteen amputations of the neck of the womb relapse took place very rapidly. On the contrary, the total hysterectomy (*hystérectomie totale*) gave satisfactory results.

M. E. C.

#### IODIDE OF POTASH AS A CICATRIZANT.

Dr. Schleich (*Le Bulletin médical*, No. 8, 1892) has found the iodide of potash to promote in an astonishing manner the cicatrization of extensive wounds. He used a 5:200 solution in adults and a 3:200 in children. Unhealthy wounds would assume a healthy appearance, and, in general, the time required for healing was greatly reduced.

#### EGGS IN RECTAL FEEDING.

Dr. A. Huber (*Le Bulletin médical*, No. 5, 1892) has used eggs, to which a gramme (fifteen grains) of sea salt has been added, with success in rectal feeding, without ever observing any albuminuria. Too much salt is liable to cause profuse diarrhœa. The injection should be carried well up into the intestine by means of a soft rubber tube.

—[Pritchard.



## Society Reports.

### WALNUT HILLS MEDICAL SOCIETY.

#### OFFICIAL REPORT.

*Meeting of February 10, 1892.*

The President, A. W. JOHNSTONE, M.D.,  
in the Chair.

R. C. JONES, M.D., Secretary.

DR. E. RICKETTS reported a case of  
*Appendicitis.*

The patient is a young man of twenty years, a medical student, who began to have trouble in the region of the vermiform appendix, several years ago, and had recurring attacks, at none of which was there much protrusion, but some dullness. In some the pulse goes down to 60 and 62, temperature up to 101° to 101.2°. He says that following one attack there was an escape of pus through the bladder and rectum. Has headache, due to absorption of sepsis. Temperature is now 99°; no tenderness. Dr. Conner advised delay in operating, as the temperature was not high. Dr. Ricketts does not fully agree in the delay. The understanding now is, that if there is another attack the operation shall be done. A peculiarity of the case is the absence of protrusion at McBurney's point. He has nausea.

The literature was formerly against operating, but that of the last five years is in favor of proper surgical interference, and the results have been good. Shall we operate early in these cases, or shall we wait until urgent symptoms appear? Pain is very intense at times, requiring frequent hypodermatics of morphia.

#### DISCUSSION.

DR. MITCHELL:

I have had three cases having all the symptoms of appendicitis, all making good recoveries under the expectant treatment; salines and morphia to control pain. There was no discharge of pus, and there have been no attacks since. There are two classes of cases:

(1) Recurrent cases of appendicitis,

and (2) acute cases. Authorities do not seem to agree as to the time for operation.

DR. R. C. JONES:

I have treated three acute cases, all recovering and having had no recurrent attack since then.

DR. MILLS:

I saw the patient in an attack a year ago. At that time there was considerable protrusion, and temperature was higher than it has been since. The skin over the region was reddened; there was constipation, and he was very ill, but made a good recovery. In the last six months he has had five or six attacks, passing blood and pus between the attacks, but not immediately following them. The pain clears up gradually.

DR. PORTER:

I think it is not easy to make a positive diagnosis of appendicitis. I recall a case having symptoms of this disease, which proved to be a ligamentous cyst with twisted pedicles.

DR. JOHNSTONE:

The subject is a very interesting one. I have seen ten or fifteen cases, one-half of which suppurated, the others recovering under expectant treatment, with no recurrent attacks. I have operated, opening the abscess, several times, with good results, but never removed the appendix. I saw a case of long-standing in a child, where a Lima bean encrusted with phosphates finally worked out through an opening over the appendix. I have found most benefit from blisters in those cases that have gotten well under the expectant treatment. Two were traumatic, one being struck in the groin by a falling ladder. Gland suppurated, and was incised. Became worse two or three weeks afterward, and pointed in the old abscess. Fecal matter worked out; case recovered. Yesterday I operated on a lady who was thrown against the seat of a carriage, and bruised in this region, a year ago. There was pain and infiltration along the line of Poupert's ligament. Uterus was retroverted and fixed. I operated and got the appendix between my fingers, finding it normal. I found the

uterus retroverted and the ovaries undergoing cirrhotic degeneration. This shows that you cannot always rely on a history of appendicitis.

I think Dr. Ricketts is correct in his diagnosis in this case. I have recently seen a similarly slow pulse, due probably to gaseous pressure on the sympathetic plexus, and at times seemed to be due to pain. If, in the first attack, there is suppuration that cannot be subdued in six or eight days, operate. In the second attack, operate at the commencement.

DR. RICKETTS:

The attacks are followed by loss of flesh, prostration, and headache, probably due to absorption of poison. After the number of attacks, I think we are justified in making an exploratory incision.

DR. JOHNSTONE:

Appendicitis sometimes causes ovarian and tubal trouble; these cases often giving a history of appendicitis.

DR. MILLS reported a case of

*Metastatic Cancer.*

This case, seen with Dr. Bramble, is a man fifty years of age, whose whole foot and ankle was a cancerous mass, all of the tissues being involved and the leg infiltrated up to the knee. The first thing patient noticed was a flat swelling on the external dorsum of the foot, three years ago. Ulceration followed. Has never been treated by a physician. The cancerous mass has a cauliflower appearance. Has scars of scrofulous abscesses on the neck. There are now swellings on the neck and side, probably metastatic, from the disease of the foot. The outline of the foot has almost disappeared. There is a peculiar odor, pallor of the face, great emaciation, and the pain in the last few months has been severe.

ARSENIC IN SYPHILIS.

Dr. H. Smith (*Lo Sperimentale*, No. 1, 1892) has used arsenic with success in a case of syphilis, which was absolutely rebellious to mercury and the iodide of potash.

—[Pritchard.

ACADEMY OF MEDICINE.

OFFICIAL REPORT.

*Meeting of January 18, 1892.*

The President, GILES S. MITCHELL, M.D., in the Chair.

T. V. FITZPATRICK, M.D., Secretary.

DR. CHARLES A. L. REED read a paper on

*Intestinal Complications from Delayed Operation in Suppurative Disease of the Uterine Appendages* (see p. 327).

DISCUSSION.

DR. RUFUS B. HALL:

I simply wish to emphasize the necessity of early operative interference in the case reported by Dr. Reed. There can be no question, after hearing the history of the case, that the operation was indicated many years ago, and it is reasonable to believe that if the operation had been performed at that time, the intestinal rupture would not have occurred. While yet it is too early to prophesy the general result of these cases, it is not unreasonable to say that this is not a very promising operation. I think the case illustrates very forcibly the necessity of early operative interference.

DR. A. W. JOHNSTONE:

I have a case on hand at present. At one time the woman was fat, strong, and in all a picture of perfect health. I did not see her for some time, until one day she came to me looking ill, haggard, and pale. I made an examination, and found that the pus had ruptured into the bowels. I proposed an operation, to which she objected, and has not yet had it done. By rest and care she is improving, but I think will be forced to have it yet. The time for operating should be so selected that there is as little discharge as possible; patient should even abstain from food for at least a day, so as to keep the rectum absolutely empty if possible. This is aided by purgation and dilatation of the sphincter. I have seen one or two cases of rupture where the pus found its way into the rectum through the broad ligament. Fortunately, these cases are rare.

## DR. EDWIN RICKETTS:

I only wish to add that, as a patient can be bed-ridden with this disease for four years, it should be an earnest appeal to the general practitioner to impress upon his patients the importance and necessity of early operative interference, and thus he will be spared part of the responsibility of a complicated operation at a later time.

## DR. THAD. A. REAMY:

I only wish to emphasize Dr. Reed's declaration that operative measures in this case were too long delayed. The clinical history of the case is conclusive on this point. No doubt the rupture of the bowel, during the operation, was at or near the point of the original opening into the bowel, and that this explains the accident. I suppose that Dr. Reed would have been slow to operate on this case at the stage when the discharge was taking place through the bowel, as such a complication is one of the most serious. I have recently refused to operate on a case on this account, but have advised treatment through the rectum, injecting peroxide of hydrogen.

## HYPERCHLORIDRIA.

Dr. L. Boaz (*La Semaine médicale*, No. 6, 1892) advises the following in dyspepsia with over-acidity:

R Calcined magnesia, . gms. 15  
(3iv).  
Carbonate of bismuth, } aa gms. 5  
Carbonate of soda, } (3j½).  
Extr. belladonna, } aa gms. 10-20  
Extr. nux vomica, } (grs. jss-iiij).

A teaspoonful of this powder thirty minutes after each meal.

## ANTIPYRIN IN HEPATIC COLIC.

Dr. Kraus (*La Semaine médicale*, No. 61, 1891) recommends antipyrin in hepatic colic. Given in the beginning it calms the pain, and even may abort the attack; if administered later it exerts an injurious influence, and may aggravate the patient's condition. Here morphine replaces it, and when an attack has lasted two or three hours an injection of morphine instead should be immediately given.—[Pritchard.

## Translations.

## MOLIERE AND GUI PATIN:

A MEDICO-LITERARY STUDY BY  
DR. NIVELET.

TRANSLATED FROM THE FRENCH BY  
THOMAS C. MINOR, M.D.

## CHAPTER II.

The doctrines of Galen, preserved and brought into Europe by the Arabs of the Middle Ages, had, for a time, furnished an aliment sufficient for souls hungry for instruction and science. Based upon organic phenomena apparent and appreciable, seasoned by abstract and metaphysical views, and accompanied, above all, by the brilliant subtlety and philosophy of Aristotle, they had the grand advantage of satisfying at once the positive soul, opening to the imagination a sufficiently vast field. This was dogmatism, but so tempered by the diversity of its views and its principles that it often excited the most lively opposition between its warmest disciples.

In the time of Moliere these doctrines, previously enunciated by Paracelsus and unsettled by Van Helmont, had a refuge in the School of Paris. Forbidden, in the prior century, by Fauvel and Duret, they had for their High Priest Riolan and his ardent followers.

But it is necessary to recognize one fact, *i.e.*, that this devotion of the School of Paris was more apparent than real; it existed in its quarrels and disputes much more than in its practice. The name of Galen was then a powerful weapon to oppose the rival factions. If the School of Paris used it to combat the School of Montpellier, one may say that the latter, in its Eclecticism, had a higher respect for and better applied the precepts of the physician of Pergamos. It is curious to note, in the writers of that period, how absolute are the pretensions set up by each sect for that proud word, "Dogmatism," when it was applied to the science of speculation.

Meissonnier, the extravagant physician of Lyons, who treats of spiritual

maladies, of astral influences, of the intervention of angels in our affections and our cures, took good care to entitle his work "Course of Medicine According to Dogmatical as well as Chemical Principles."

Certain his fool theories authorized him to monopolize the great word.

Gui Patin, a most incisive writer and one of the most erudite practitioners of his day, raised also for himself and his friends of the School of Paris a constant pretension to the title of Dogmatic physician. He positively refused to allow those who professed Galenical doctrines to believe in new ideas, chemical or otherwise.

We might believe, seeing his animosity against the least dissent and his adoration for Galen and Fauvel, that he exclusively followed to the letter the principles laid down by these celebrated men.

This was nothing, however, for in this case he showed himself to be no more Dogmatic than those who were made the butts of his virulent sarcasm. In 1663 he wrote, *apropos* to the "Treatise on Fever" by Sennert: "This work is a beautiful ground over which to stray. Galen and Fauvel are found there. These two maintain a doctrine firmly and with constancy, in whose faith we must die unless the good God leads us to see differently through means of some great miracle, in which case he will not employ our new school of empirics, nor such false prophets as make loud medical noises and are only fit to ring alarm bells."

But, in 1669, he adds: "The beautiful and good secrets of our profession are found in the aphorisms and prognostics of Hippocrates and in the methods of Galen, with the book on bleeding; if this be not sufficient, we may add Botal."

Here is his avowed system; whatever he may pretend in all his letters, he shows himself no more Dogmatic, in the Galenical sense, than were Guenaut, Valot, Riviere, and many others against whom he constantly inveighed.

The great differences existing among these men, as practitioners, arose from the interpretation that they gave to the

principles of Galen himself. Some saw in a majority of diseases a condition of humoral plethora, and believed in evacuation; others saw a state of sanguinary plethora, and concluded that bleeding was the proper remedy.

"Our Parisians," says Gui Patin, "take little exercise, drink and eat too much, hence they become plethoric. In this condition, they are almost never relieved of their diseases, if powerful and copious bleeding be not used."

Besides, he adds: "For the frequent bleedings practiced here, they are due to the universal debauchery and the too good cheer that abounds. We do not bleed from custom, but from necessity, according to rules and regulations. The pretended reformers and legislators are always complaining, but give no substitute remedy. It is not a great thing to tell a man the right road to take, but it is necessary to place him on the real road he is to travel. Some foreigners blame our frequent bleedings; they know neither the cause nor the fruit nor even the necessity of the procedure. If we bleed too much, let them give us a remedy that will take its place; and what other remedy will equal bleeding? In writing, let those dissatisfied speak out. God even suffers tyrants, usurers and those who take his name in vain to live."

His dogma of bleeding had no other arguments.

There can be no doubt that the systematic views of the School of Paris were blindly pushed to the extreme, for Gui Patin deemed it his duty to report his conclusions in favor of bleeding by such observations as the following:

"*First Observation:* About the year 1633, Dr. Cousinot, to-day First Physician to the King, was attacked by a rude and violent rheumatism, for which affliction he was bled sixty-four times in eight months, by order of his father and of Doctor Bouvard, his father-in-law. After having been bled so often, he was purged; this relieved him, and he finally recovered. Some idiots who practice medicine imagine that it was only necessary to purge him, but they deceive themselves; for if copious bleeding had not preceded and repressed the

impetuosity of the vagabond humors and emptied the greater vessels connecting the intemperate liver that produced this serosity, the purgation would have amounted to nothing.

*"Second Observation:* I once saw and treated in this city a youth of seven years who was suffering from a pleurisy, the result of becoming overheated in the game of court tennis, and also having received a kick in the right side that provoked an effusion. His tutor was opposed to bleeding, and I could only mitigate his dislike to the treatment by calling in consultation my two old friends, Doctors Sequin and Cousinot. He was bled thirteen times and cured in fifteen days, as if by a miracle. Even his tutor was converted to our doctrine.

*"Third Observation:* I saw, a short time since, in consultation, a gentleman of nineteen, naturally very devout, who was attacked by melancholia, succeeded by mania with continuous fever and most frightful convulsions. A monk deemed this young man possessed of the Devil. This patient was under restraint; so high was the degree of his fever that he was frantic, and was tied down with straps. To this fever succeeded two other symptoms, *i.e.*, he had epileptiform movements and hydrophobic passion, like those we see who are bitten by rabid dogs, with a thirst and aversion for all liquids. For this he was bled at the arms and feet on twenty-two occasions. He was purged with forty injections and given thirty purgative doses of cassia and senna, to which were finally added syrups of rose and peach blossoms; this was a success, for he was finally cured and restored to his senses. There are gentlemen who cry 'miracle!' at such an occurrence; but it was nature only, a knowledge of the disease, and the application of good remedies that go further."

These three observations, to which he gives, in his letters, a high significance, certainly prove that bleeding may have aided in making these cures; but one must be dominated by a fixed idea not to perceive that purgation, by reason of the intestinal revulsion it pro-

duced, might also have assisted the medical force of nature.

The disgust experienced by Gui Patin for polypharmacy, and the acrimony with which he attacked those using it, is explained and justified by the confusion and multiplicity of the drugs then used in therapeutics; a confusion such as, even to the public, served to ridicule the medical art. Was not Montaigne right in saying of this period: "Of all this collection, having made a mixed drink, is there not some hope that their virtues divide in this confusion and meet different indications? I fear that they will lose or exchange their tickets in seeking their quarters." Certainly we can understand that a man in love with his profession, like Gui Patin ever was, would revolt against such incoherent formulas, the ordinary sources of charlatanism, which from all time has found in such the method of spreading a false science. Meantime, in order to explain his incessant aggressiveness against the majority of practitioners of his time, especially against the Court Physicians, it is necessary to take into account a sentiment of rivalry and even jealousy that seemed to animate him too often:

"The bleeding of the little Madam, daughter of the King (1663), has been criticised. Princes are unfortunate in their selection of physicians. Blaise de Montine, Marshal of France, has noted this fact in his commentaries. The education of Louis XIII, the death of Gaston, Duke of Orleans, his brother, and that of Mazarin, bear witness to this fact. The little Madam died from the blow received on her head; she had a concussion of the brain, which caused convulsions and death. Then she did not need bleeding. There are many gentlemen who resemble that artist of whom Pliny speaks, men who cannot keep their hands off a picture; when a picture is *finished* it needs no final touches. It is not necessary to use remedies save on those who can be relieved—for fear, says Celsus, of defaming remedies that might be salutary under other circumstances—then it is well to cling to prognostics. I have bled a child three days old for an ery-

sipelas in its throat; he still lives, aged thirty-five years, and is an army captain stationed at Dunkirk. I bled the son of Lambert de Thorigny the sixty-second day after his birth; he is to-day ten years of age. The application of great remedies at a tender age demands much judgment. Guenaut no more knows what he does; he has neither memory nor judgment; he has only avarice and ambition in his soul; it is a great pity that one should live to become *so aged*."

This criticism, too vague and declamatory, is far from clearing up the fact in question. It only proves that, on all occasions, the Dogmatists censured their other medical adversaries.

It was characteristic of the spirit of the system to control the sense of those it dominated and to make them unjust regarding all disagreeing notions or novelties. How many celebrated men, could they have lived to the present day, would blush with shame at the passion they used against discoveries which now make the glory of science and civilization!

It would be difficult to comprehend the violence and hatred of Gui Patin against the chemistry of his time, against the men who prepared the fundamental principles of actual medicine, if we did not recall the alchemistic and cabalistic dreams which surrounded the cradle of our science, and how such a state of affairs properly excited the disgust of men with positive opinions. Certainly it was very difficult for true philosophers to take into serious consideration the investigations of men who for the most part were working in laboratories to discover a universal remedy, *the philosopher's stone*.

Then, was not impudent and ignorant charlatanism still existent—as we see it at the present day—false vagabonds who brazenly apply all new ideas and hoot at medical work of the conscientious and honorable kind?

It is necessary to reflect thus in order to justify Gui Patin's animosity, which he even used against men of inconcontestable merit and discoveries of real utility. It was Gui Patin who *dared* say of Van Helmont:

"It was a wicked Flemish rogue

who recently died mad; he never did any work of value. I have seen all he has done. This man only meditated on a medicine full of chemical and empirical secrets, and to overturn the practice more quickly, he declaimed strongly against bleeding, for lack of which he died raving."

Posterity, less unjust, has overruled this judgment of Gui Patin's, and placed Van Helmont in the ranks of men of genius.

The following passage will likewise show what sad reasons the Dogmatists gave in refusing to use cinchona on its introduction into Europe:

"This powder of kinakina has no admirers among us. Fools run after it because it costs dear; but as a remedy it has failed, and to-day it is mocked. I treated a young girl with quartan fever, in whom I had reduced the duration of the attacks to two hours only; but her mother, who was an impatient woman, having heard the noise about this Jesuit's powder, bought some for forty francs; she hoped for much, having paid such a large sum for the remedy. The attack, after the drug was taken, lasted seventeen hours, and was more violent than any previous spell; to-day this mother fears for the life of her daughter, and greatly regrets spending her money. This is the way with the world, which is always playing the fool and ready to be deceived. This new powder is hot, and does not purge in any fashion. It is claimed to be a diaphoretic. These are fictions as much so as the virtues claimed for the flesh of vipers, which some of our profession still use, if it be not the support of the apothecaries."

This passage dates back to 1653.

We shall see an honorable apology in the following, which dates 1661, and reports his reasons for the interesting views he held as to quartan fevers:

"Quinquinia is not performing miracles; when the body is well cleansed by bleeding and purgatives, it may by its heat resolve or absorb the remains of the morbid material. Those in whom it has caused the fever to cease have not been completely cured, for it has returned, although they have

been well purged. The obstinacy and duration of these quartan fevers arises from the bad and almost carcinomatous condition of the spleen, which uses up its own substance. I have never given quinquina. I have seen those who placed too much trust in it become dropsical. I do not purge in the midst of a quartan fever, as this might seem to be too hazardous; but I often purge at the end of the attack with much success. Even in the highest degree of heat I have sometimes made patients swallow four large glasses of laxative tisane, containing three drachms of senna. This opens the belly freely and removes a part of the cause, and prevents the great sweating of which patients so often complain. As for bleeding at the commencement of the attack, I never do it; there is too much imprudent risk in such a procedure."

If in the study of the characters of this epoch the title of "Dogmatic," as understood by Gui Patin, too often signified exclusiveness, intolerance, pride, let us also recognize that, from another standpoint, it likewise designated noble and generous sentiments, delicacy and loyalty to medicine.

There is a connection between all things in the moral as in the physical world. Dogmatism, by the profoundness of the convictions that it induced, reacted on the heart of man and developed in him more generosity, abandon, more freedom and unselfishness. It would seem as though the mental enthusiasm for an idea, for a principle, enlarges the moral faculties and displays their most beautiful qualities.

Eclecticism, which admits all ideas and attaches itself to none, which to-day caresses the systems which it may repudiate to-morrow, only to take them up and again ignore them; eclecticism, which is the result of a sceptical and cold-blooded philosophy, only tends to make one heart-weary, and plunges its disciple into a condition of moral indifference, into profound egotism, into sordid calculation.

As much as the writings of Gui Patin permit us to see his animosity, malignity, the unjust methods that he used on occasions in fighting his scien-

tific adversaries, he has nevertheless demonstrated the reasons he had for his indignation against the charlatans and intriguants of his day and their all too frequent turpitudes.

"In the year 1632," says Gui Patin, "The Orvietan, the better to sell his drug, addressed a man of honor, then Dean of the Faculty, named Perneaut, in order to obtain from him, by a large-sized bribe in money, the approbation of the Faculty for the quack medicine; his offer was disdainfully refused. This same charlatan, owner of the *orvietan*, then addressed Doctor Gorris, who accepted from him a large present and promised to obtain the signatures, approving the remedy, of a number of well-known doctors. This medicine was sold on the Pont Neuf. A dozen doctors famished for gold and signed; there were the two Chartiers, Guenaut, Le Soubs, Desfourgerais, Beaurains, Pijart de Cedat, Renaudot and Mauvillain. This Italian impostor, not content with the signatures obtained, now endeavored to obtain the approbation of the entire Faculty, and pressed the new Dean, Doctor Pietre, my predecessor, with an offer of four hundred crowns. Pietre, having learned from the charlatan's own lips what Doctor Gorris had done, promptly assembled the Faculty and preferred charges against the physicians who had been bribed to give testimonials. The accused acknowledged their weakness and bad conduct, and were expelled from the society by a solemn decree. However, they were afterwards pardoned by the Faculty, the condition being that they should apologize for their act before the entire society. This was done, but a stain was put upon their names for all time after. That was the prowess of Doctor Gorris with the *orvietan*; it was not his fault, but his weakness."

Always prompt to indignant against physicians who only dreamed of ducats and crowns, as he has evidenced so often in the case of Guenaut, he is pleased to write down in his letters the rule of professional conduct he imposes on himself. "I always travel my own road," says he, "that which many others dare not or wish not to do, to the end of

making greater gain. If I complain of my fortune, I can say with Martial:

'Sed me literulas stulti docuere parentes.'

Good people have done all they could for me, that which many men have not done for their own children. The majority of rich clients are fools, tyrannical, presumptuous and ignorant. I live without ambition. I have no criminal desires. Nothing disturbs my sleep save the pity I have for the poor and the suffering."

Supplanted by Valot in a family who up to that time had reposed in him the greatest confidence, he exclaims with bitterness: "I learn that Valot now attends them, giving powders, draughts and pills, and that they quitted me as I gave so few drugs. If the patients whom I treated for three years were dead, see what he might have said, for none of them died."

This fashion of the public for drugs, multiple and compound, this taste for the apothecaries' trash, as Patin remarks, is sufficient to explain the favor which the Eclectics enjoyed at that time as philosophers; or rather let us say the disfavor in which the Dogmatics were held on account of their abuse of bleeding. A passage from the letters of Madam de Sevigne shows how much the world of fashion opposed blood-letting as a remedy:

"The poor Chevalier," writes she (February 10, 1672), "was rudely bled; he wished to resist to the last, which was the eleventh bleeding, but the doctors overruled him; he then said that he gave up all hopes for himself, and that they wanted to kill him according to rules. The death of M. de Guise, whom the doctors bled, has left the world to mourn for him."

Certainly there might be good reason to be astonished that the majority of the Court Physicians, the Guenauts and Valots, were ranked high, did we not know how the most serious affairs and the most delicate choices for position were influenced by the venial Mazarin. But, aside from this consideration, the fashion of employing Eclectics was common among the upper classes of society. While Gui Patin was on inti-

mate terms of personal friendship with the first President Lamoignon, he was not his family physician. Patin himself declares, with pain and wounded pride, that his investigations and erudition were acknowledged, but his resources not employed. In spite of his eminent position as Dean of the Faculty and professor, he rarely mentions treating patients in his letters, and he cannot refrain from using his keen satire against his more successful business adversaries.

[TO BE CONTINUED.]

#### HOW TO ADMINISTER QUININE IN INTERMITTENT FEVER.

M. Dupré (*La Semaine médicale*, No. 6, 1892) advises the following formula:

℞ Sulphate of quinine, gm. 1 (grs. xv).

Tartaric acid, q.s.

Distilled water, . gms. 60 (fl. ℥ij).

To be taken in three doses, with half-hour intervals, so that the last dose is taken six hours before the attack comes on.

With this method the attack will be suppressed from the first day, or at least considerably decreased in violence. If there pass by two days without fever, then suspend the remedy, to give it the same day the next week, in three doses. It may be administered, in all, five or six times, *i.e.*, two or three times at the beginning and three times at the end, with an interval of eight days. With this system one will generally succeed in curing intermittent fever in the adult.

#### COLD WATER INTERNALLY IN TYPHOID FEVER.

Dr. Robinson (*Le Bulletin médical*, No. 103, 1891) has treated a number of typhoid fever patients with good results by the internal administration of cold water. He caused his patients daily to drink two quarts of milk, a litre of bouillon, and two litres of cold water. This causes a profuse diuresis and a notable improvement in their condition. Although this method does not produce the same results as cold baths, it may be tried in those cases where cold bathing cannot be carried out.—[Pritchard.]



## THERAPEUTIC NOTES

FROM FRENCH, GERMAN AND ITALIAN JOURNALS.

TRANSLATED BY  
F. H. PRITCHARD, M.D.,  
NORWALK, O.CHRONIC TUBERCULOUS  
TYPHLITIS.

Dr. J. Le Bayon (*La Semaine médicale*, No. 6, 1892) has studied this subject in his inaugural thesis. It is most frequently accompanied by pulmonary tuberculosis, yet the pulmonary lesions may be extensive and pass unnoticed, when it is difficult, especially at the beginning, to diagnosticate. Here one has to do with vague and undefined intestinal symptoms, consisting chiefly in diarrhoea and a fixed pain in the right iliac region, which are of variable duration and purely subjective. After it has obtained a certain degree of development one finds, on carefully palpating the abdomen, a sausage-like tumor, painful, of varying volume, and more or less resistant, which occupies the cæcal region and may extend, upon the ascending colon, into the hypochondrium. Percussion, often painful, gives a more or less pronounced dullness in the region of the cæcum, appendix, and sometimes also of the ascending colon. The functional symptoms consist of diarrhoea and fever. The diarrhoea is chronic, and comes on at intervals, from two to three days or weeks; it may alternate with slight constipation. The stools are liquid, often streaked with blood, and malodorous. The fever also comes on at intervals; it presents evening exacerbations, and is often accompanied by profuse night-sweats. The patient may now and then vomit up his food; this is especially liable to be provoked on examination of the cæcal region. He has always a cachectic look, is more or less emaciated and progressively grows weaker, and is pale and without appetite.

This disease may be confounded with cancer of the ileo-cæcal valve or ordinary typhlitis. The patient's antecedents and the presence of pulmonary lesions are important diagnostic signs. In can-

cer of the ileo-cæcal valve the tumor consists of nodulous masses, while in ordinary typhlitis it is soft, pasty, and presents alternate increase and decrease in volume; in tuberculous typhlitis the tumor is more or less resistant. In cancer of the valve the stools are blackish or contain ichorous debris, and there is obstinate constipation; the matter vomited has a fecal appearance. In ordinary typhlitis constipation is often the beginning and cause of the disease. Chronic tuberculous typhlitis is accompanied with periodic diarrhoea and never with obstinate constipation. The vomited matter is always alimentary and never fecal. In cancer there is generally no fever, and if present it is not hectic; that of ordinary typhlitis comes on quickly, and is active and persistent. In cancer and tuberculosis there is cachexia; in typhlitis none. The diagnosis may be made more certain by searching for the specific bacillus. Its prognosis is the same as that of other visceral tuberculosis.

In case the lungs are not involved the treatment may be surgical. If, on the contrary, they are attacked, one may prescribe the diet of ordinary consumptives—tonics (quinine, cod-liver oil) and antiseptics (creasote, iodoform); to this may be added the direct treatment of the intestinal ulcerations; rest, milk diet, and twice a day the following:

℞ Naphthol B, . . . cgms. 50 (gr. j).  
Salicylate of bismuth, cgms. 50 (gr. j).  
Sufficient for one pill.

## INFLUENZA.

Dr. L. Rabener (*La Semaine médicale*, No. 5, 1892) uses the following pill in the treatment of grippe:

℞ Creoline, . . . cgms. 5 (gr. j).  
Balsam of tolu, }  
Extract of liquorice, } aa q.s.  
Sufficient for one pill. Make fifty such pills, and let the patient take three from four to eight times within twenty-four hours.

According to him, creoline, especially when administered early, is the true specific in influenza. In children it may be given as a suppository, containing five to ten centigrammes (one

to two grains); two to three a day are sufficient. He treats the bronchitis, laryngitis and even the pneumonia of the gripe by inhalations of hot-water vapor to which a few teaspoonfuls of a 10 per cent. solution of creoline have been added.

Prof. Bacelli, of Rome, Italy, employs the following formula with success:

℞ Phenacetin, . . .	cgms. 5
(gr. j).	
Salicylate of quinine, . .	cgms. 10
(grs. ij).	
Pulverized camphor, . .	mgms. 2
(gr. 1-32d).	
Kermes mineral, . .	mgms. 1
(gr. 1-64th).	

Sufficient for one powder. Make twelve such powders, and direct four to be taken during the twenty-four hours.

#### DIPHThERIA.

Dr. Gouris (*Le Bulletin médical*, No. 98, 1891), would destroy the destructive agent of diphtheria by the galvano-cautery, in order to prevent the further dissemination of the virulent toxines. In adults cocaine is sufficient to produce all the anæsthesia necessary; in children chloroformization may be required.

Dr. Strübing (*Deutsche med. Wochenschrift*, No. 48, 1891) uses both general and local treatment. As general treatment he gives internally, every hour, a teaspoonful of the following:

℞ Cyanide of mercury, . .	cgm. 1
(gr. 1-6th).	
Distilled water, . .	gms. 100
(fl. ℥iv).	

This also acts as a local antiseptic when swallowed. Dr. Schültz claims the mercurials to have a favorable action upon diphtheria.

Dr. Catuffe (*Le Bulletin médical*, p. 1,028, 1891) had obtained good results from mercurial inunctions.

Local treatment, based upon Loeffler's experience, may consist in swabbing the throat three to six times a day with the following:

℞ Carbolic acid, . . .	gms. 3-5
(℥xlv-fl. ℥j¼).	
Essence of turpentine, . .	gms. 40
(fl. ℥jss).	
Alcohol, . . .	gms. 60
(fl. ℥ij).	

At the same time the patient may use a gargle:

℞ Carbolic acid, . .	gms. 3 (℥xlv).
Alcohol, . .	gms. 30 (fl. ℥j).
Distilled water, . .	gms. 70 (fl. ℥ij¼).

One must watch the urine carefully, and if it presents a blackish discoloration, due to the carbolic acid, or if albumen be found, the collutory may be replaced by Van Swieten's solution and the gargle by one of the following:

℞ Corrosive sublimate, . .	cgms. 2
(gr. ½).	
Distilled water, . .	gms. 200
(fl. ℥viij).	

Or:

℞ Cyanide of mercury, . .	cgms. 2
(gr. ½).	
Distilled water, . .	gms. 200
(fl. ℥viij).	

There is no danger of mercurial poisoning if the patient gargle carefully. Treatment, to be successful, must be begun early; all the various forms of pseudo-diphtheria are to be submitted to the same treatment. In that following scarlatina carbolic acid is preferable to the various forms of mercury.

#### SALIPYRINE IN RHEUMATIC AFFECTIONS.

Dr. Hennig (*Lo Sperimentale*, No. 1, 1892) has found salipyrine of value in the treatment of acute and chronic rheumatism, rheumatic neuralgias and myalgias, rheumatic fever, visceral rheumatism, and rheumatic affections of the respiratory tract. He uses the following formula:

℞ Salipyrine, . . .	gms. 6
(℥jss).	
Glycerine, . . .	gms. 14
(fl. ℥iv).	
Syrup of raspberries, . .	gms. 30
(fl. ℥j).	
Distilled water, . .	gms. 40
(fl. ℥jss).	

A tablespoonful (one gramme) every quarter to half hour.

Small doses (one to two grammes) do not reduce the temperature, yet larger ones (three to five grammes) cause a permanent depression. It exerts a beneficial action in acute as well as chronic rheumatism. The writer commenced

with five grammes (seventy-five grains) a day, and increased one gramme (fifteen grains) each day until the desired action set in. In myrpathies and neuralgias the remedy was found of service; here one to two grammes (fifteen to thirty grains) a day are sufficient. He regards it as a valuable addition to our pharmacopœia.

#### CARBOLIC ACID HYPODERMATICALLY IN TRAUMATIC TETANUS.

Drs. Strazzeri and Tildue (*Lo Sperimentale*, No. 1, 1892) have successfully treated a case of traumatic tetanus by subcutaneous injections of a 2 per cent. solution of carbolic acid.

#### LOCAL SOCIETY NOTICES.

##### ACADEMY OF MEDICINE.

THE annual election of officers for the Academy of Medicine was held Monday evening, March 7, and resulted as follows:

*President*—Geo. A. Fackler, M.D.

*First Vice-President*—E. G. Zinke, M.D.

*Second Vice-President*—W. S. Tingley, M.D.

*Treasurer*—Geo. E. Jones, M.D.

*Secretary*—T. V. Fitzpatrick, M.D.

*Trustees*—W. H. Wenning, M.D.; F. W. Langdon, M.D.; C. D. Palmer, M.D.

*Librarian*.—B. K. Rachford, M.D.

##### CINCINNATI MEDICAL SOCIETY.—

Tuesday evening, March 15, DR. WM. CARSON will read a paper on "Hypertrophic Cirrhosis and Visceral Fibrosis."

DR. C. R. HOLMES will report five cases of "Mastoid Operations."

#### PUBLISHER'S NOTICES.

INGLUVIN.—W. R. Warner & Co. desire to send to any physician a sample of this remedy wherever they have a patient resisting all other treatment for sickness in gestation, marasmus, cholera infantum, for which it has been found to be almost a specific.

## THE CINCINNATI LANCET-CLINIC:

A Weekly Journal of

MEDICINE AND SURGERY

ISSUED EVERY SATURDAY.

EDITORS:

A. B. RICHARDSON, M.D.

J. C. OLIVER, M.D.

L. S. COLTER, M.D.

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199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, March 12, 1892.

### Editorial.

#### THE TRAINING-SCHOOL IN THE CINCINNATI HOSPITAL.

"Training-Schools for Nurses," was the subject of a recent editorial, and the manifest advantages of the present system of nursing over the haphazard methods of former times was somewhat fully set forth. The recent attacks, however, upon the Training-School for Nurses of the Cincinnati Hospital in one of the public journals, and the personal slurs upon many of those connected with it, seem to call for a further expression upon this subject, lest silence might be misunderstood, and seem to tacitly admit that there was some foundation for the expressions and abuse which have been so plentifully heaped upon this especial school, its managers, superintendent and pupils.

The character of the abuse has been such as to fully expose the animus of the attack, and much of it has been sufficiently peurile to answer itself. It

may be well to recall the fact that the present system of nursing now so generally adopted throughout the English-speaking world had its origin outside of the medical profession, and was largely the outcome of the independent efforts of devoted women for the alleviation of suffering soldiers during the Crimean war. During the experience so gained it soon became apparent that the work of the nurse required as definite and systematic training as any other occupation. Inspired by a fixed and definite purpose, the work developed into the establishment of training-schools connected with hospitals whose purpose it was to fit women for the occupation of nursing in civil life. The system proved so eminently satisfactory that it was rapidly expanded, and schools were soon established in connection with the leading hospitals of Great Britain, which at once became the centre from which nurses were supplied to their respective communities. Started in this country the movement has proved equally satisfactory, and has rapidly spread from city to city, until it is now not only generally adopted, but the community and institution which is not supplied with nurses trained in these schools is looked upon as deficient in a most important element in the care and treatment of the sick, rich and poor alike. Cincinnati was somewhat slow in the establishment of a training-school, and its development has been hindered and delayed by a great deal of vexatious and ill-considered opposition. Founded, however, on the line which had proved successful elsewhere, it has been eminently successful here, and it now commands the respect and confidence of this community in the effective work it is doing.

We have been familiar with the work of the Cincinnati Hospital for

years past, and we can confidently assert that the nursing in that institution is more efficient than ever before, and from a considerable knowledge of the nurses in hospital and private practice we say without hesitation that we consider them worthy of personal confidence and respect, and well qualified for the work that the community expects them to perform.

We feel that it is proper that we should make this statement that our readers may clearly understand that we consider that the recent attacks in a public journal are absolutely without justification.

The undoubted success which the school has attained is largely due to the experience, capacity and good judgment of its superintendent, Miss Murray, and we are glad to here record the high esteem and appreciation in which she is held in this community, and the high standard that her work has attained.

The benefits and advantages of well-qualified nurses in the troubles and dangers of the sick-room are now fully recognized by this community, and it is a matter of congratulation for both doctor and patient that the time has come when the appearance of "white caps" is no longer regarded as an evidence of approaching danger and a rising storm, but rather that the harbor of safety has been reached on whose placid waters there will be plain sailing to shore.

We have heard from a number of patients after their discharge from the hospital that they were entirely satisfied with the care they received from the nurses, and in no instance of the many with whom we have come in contact has there been any complaint of unfair discrimination in the manner in which their comfort was attended to.

## DIPSOMANIA.

We quote an editorial from the *British Medical Journal* on the bill for the relief of drunkenness which is now before the German Reichstag, and which was instigated by the Emperor:

Three years ago a Committee of the Austrian Reichsrath resolved that experiments for dealing with inebriety "had better be left to private initiative than be undertaken by the State." To-day the German Reichstag is asked by the German Emperor to hand over the treatment of all inebriates to the State, and, moreover, to treat domestic inebriety as a distinctly criminal offense. Section 18 of the new bill provides that habitual drunkards shall be shut up in prison, till cured, by order of magistrates.

Professor Jolly, the director of the insanity wards in the Charité Hospital of Berlin, in a pamphlet on "Inebriety and Insanity," read at the recent conference of lunatic asylum physicians in Weimer, insisted that the administration of this provision should be committed to medical men, and not to magistrates only. The Emperor will probably be convinced, by the medical evidence at his command, that inebriety in many cases is a disease, and best susceptible to treatment entirely distinct from that applicable to malefaction.

The opinion of the Austrian Government that the matter had best be left to private governance is out of sympathy with the spirit of modern legislation. That thousands of people, who would otherwise be useful members of society, are now shelved by a remediable disease, from the cause of which—alcohol—every State derives a large revenue, is an incident of waste which appeals for remedy to the State itself.

The first desideratum is a retreat which shall be effectual in its remedy; and it goes without saying that all such retreats must be systematically visited by doctors, albeit their management may well be in the hands of laymen and women.

It is equally certain that no decree

for restraint should be made by a magistrate without adequate evidence, and also without the judge being satisfied—by the testimony of relatives and others—that no improper motive is concealed behind the proceedings.

In Germany these proceedings will probably more often emanate from the police than from relatives; but in either case the court should be satisfied that no malicious design is at work. The period of restraint should also not exceed that which, according to medical evidence, is essential to cure.

Treatment and not punishment must be aimed at, for any vindictive spirit shown by the law towards a condition largely regarded both by doctors and the intelligent public as a physical disease will certainly defeat its own aim and result in the ultimate repeal of too Draconian legislation.

In this country, where the law is in a most unsatisfactory condition, we shall be interested in watching experimental legislation which may, in some measure, afford a model for our legal reform and will at any rate be highly instructive.

There are a number of the provisions of this measure that are very similar to the bill which is now before the Ohio Legislature, and which is known as the "Dicks Bill." There can be no question as to the advisability of a more intelligent treatment of the victims of the drink habit than obtains at present. It must also be conceded, we believe, that the State must exercise this supervision.

Nothing is more certain than that the inebriate is powerless through defective volition and diseased brain to exercise the normal and healthy power of self-restraint. Though his intelligence tells him the results of his course, and though he may really strive earnestly to resist impulses, yet in the presence of temptation he finds himself repeatedly and continuously powerless to resist or restrain these impulses.

Practically, he cannot do differently, and it can only be by the intervention of external influences that the desired restraint can be enforced. This, too, must usually be done in opposition to the wishes of the patient at some period, at least, of its necessity. Such conditions require other authority than that of friends or the volition of the patient himself. The State alone can effectively exercise this authority. It alone can adjudicate between man and man, and in restraint of man's liberty it is the State alone that can be trusted to administer in equity.

We must not lose sight at the same time of the fact that the condition of inebriety is one of disease, and that magistrates should not be permitted to decide as to its best treatment except as directed by medical knowledge. Physicians should determine the nature of the disease present and advise its proper treatment. The restraint of person of the patient which may be necessary in this treatment should be imposed only by the magistrate.

This is the spirit of the Dicks bill, but it is not as carefully worked out as we could wish. No means are taken to secure intelligent information to the examining magistrates from medical sources, and this we consider an important feature.

The bill is a step in the right direction, and if enacted will lead to beneficial results in this direction. The victims of drink are usually financially irresponsible, and this measure would open a reliable method of making accurate tests of the many vaunted "cures" of drunkenness which now abound on all hands. If there is merit in them the classes which need them most, but now are deprived of them, should have the benefit of them, and if

there is no merit in them the world should know it.

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#### A QUESTION OF ETHICS AND EQUITY.

In justice to our readers, we feel that an explanation is due them for the publication in the last issue of the LANCET-CLINIC of an article which is open to the criticism that its author withholds the explanation of the treatment used in certain diseases while claiming beneficial results. It is not the first time that such publications have been made by those high in authority in medical circles, but is not on that account to be commended.

In this particular instance a number of considerations prompted us to give this publication space. The writer is a physician in good standing in the profession in our city, and occupies a position of trust in one of our colleges. It is understood that this is but a preliminary report, and that it will be followed by a fuller explanation in the near future.

We desire, further, to say to our professional brethren that the statements in the daily press to the effect that we endorse the treatment are incorrect. We were simply asked to examine and make a statement of the present condition of a patient, which we did. We have not expressed any opinion to any one as to the efficacy of the treatment, because we know nothing of it, and the interview said to have been held with us by a reporter of an evening paper is entirely manufactured. We have had no such interview with any one.

We must in all candor say to the writer of the article that if he wishes to retain the confidence and esteem of his fellow-practitioners it will be

necessary for him to follow his article promptly with a full and frank statement of the treatment for which he claims such remarkable results. We can give no opinion of its value, as we have no means of testing its efficacy, but we have no desire to condemn the honest efforts of any one to overcome this dread foe of mankind.

#### EDITORIAL NOTES.

It seems that Professor Virchow, of Berlin, has become cognizant of the fact that there is a physician (?) in Cincinnati who calls himself "Dr. Karl Virchow Schick," and the world-renowned Virchow has sent the following official statement to the Berlin papers:

"Cincinnati papers publish lengthy advertisements, according to which the 'great German physician,' Dr. Karl Virchow Schick, has arrived from Berlin and opened his consultations. It is alleged that he has made important discoveries in the germinal treatment of chronic diseases; and that his prescription is used by 806 doctors in Europe. Permit me to remark that, according to the official lists, there is not, and never has been, a physician of this name in Berlin or in Prussia, and that such a one from the other States of the German Empire is also not known. It is to be hoped that this notice will suffice to induce the American papers to oppose the tactics of the gentleman in question."

[The Cincinnati daily papers will please copy.]

TYPHUS FEVER has been discovered among emigrants who have landed at New York. Quite a number of cases have been found and promptly isolated, but from the reports we judge that there is considerable excitement and uneasiness among the residents of New York and vicinity.

We also learn from the February

number of the *Texas Sanitarian* that typhus has broken out in Belim prison, City of Mexico, and an epidemic is feared.

DURING the past week the medical world has been startled by the arrest of Dr. T. C. Bradford, a prominent physician of our city, charged with producing a criminal abortion. The Doctor's standing in this community has always been of the best, and he has enjoyed a very large and lucrative practice.

Although the case is not finished or the testimony all in, yet we confidently believe the Doctor to be innocent, and sincerely hope he will have no difficulty in establishing his complete innocence.

WE have received the eighteenth annual report of the Superintendent (Dr. Everts) of the Cincinnati Sanitarium, for the year ending November 30, 1891. From the report we gather that the institution is in a flourishing condition, and that satisfactory work is being done under the supervision of the very efficient and talented Superintendent.

THE Board of Trustees and the Faculty of the Jefferson Medical College have just completed the purchase of two large lots on Broad street, giving them a frontage of about 300 feet and a depth of 150 feet, upon which they will proceed to erect a handsome hospital, lecture hall and laboratory building. The estimated cost of the buildings is \$500,000. The move has been made necessary by the large number of students who are now being instructed in this institution and because the faculty desire to keep the school and hospital in the foremost rank of medical education in this country. The buildings will be ready for occupancy in the session of 1893-94.

THE INTERNATIONAL PERIODICAL  
GYNECOLOGICAL AND OB-  
STETRICAL CONGRESS.

It is proposed that this congress convene once in four years. The first session is to be held in Brussels, Belgium, September 13 to 19, 1892.

Three principal topics have been chosen for leading discussion, viz.:

Pelvic Suppuration. Referee, Dr. Paul Legond, Paris, France.

Extra-uterine Pregnancy. Referee, Dr. A. Martin, of Berlin, Germany.

Placenta Prævia. Referee (to be designated).

Fees: Participating members, 30 francs; founder members, 300 francs.

Further information of this association will be published later. •

F. HENROTIN,

American Secretary.

DR. JACOBS, Secretary-General, 12 Rue des Petits Carmes, Bruxelles, Belgique.

THE PAN-AMERICAN MEDICAL CON-  
GRESS IN NEW YORK STATE.

At a meeting of the Medical Society of the State of New York at Albany, February 15, a committee was appointed to coöperate in promoting the interests of the Pan-American Medical Congress. The committee consisted of Doctors A. Walter Suiter, A. Vanderveer, James D. Spencer, Seneca D. Powell, W. W. Potter, D. B. St. John Roosa, and John O. Roe.

A SOCIETY FOR THE HELP OF DIS-  
CHARGED LUNATICS.

The French Minister of the Interior has sent a circular note to the prefects of the different departments relative to the creation of benevolent societies whose object it should be to help lunatics discharged from asylums. Many insane persons are perfectly harmless, and are only kept in asylums because they have no means of support and are incapable of earning their living. The Minister urges on the prefects the desirability of their promoting the establishment of charitable societies for the purpose indicated.

**Selections.**

FROM CURRENT MEDICAL LIT-  
ERATURE.

THE SHURLY-GIBBES TREAT-  
MENT OF PHTHISIS.

The old search for the philosopher's stone was a vain one, and there are many pessimistic therapeutists at the present day who tell us that the search after positive remedies against the tubercular diseases is likely to be equally in vain. As long, however, as the tubercle bacillus can claim, as it can now, to be the cause of one death out of every seven that occur the wide world over, just so long will men, eager to solve the problems which its life history presents, devise one means after another to stay its ravages.

The last two years have seen the birth and death of several "sure cures" for phthisis. The sulphur-gas enemata made many hopeful, but were soon relegated to oblivion. The hot-air treatment of Weigert, after deceiving some of the very elect, was shown to make claims physiologically impossible. Tuberculin caused the great pilgrimage of modern times to be made to the German capital; but over against all these, and many more we might mention, the finger of time and experience has written Ichabod. Creosote has perhaps held its own.

If we might name a characteristic of some of the modern suggestions regarding the successful treatment of tubercular diseases, it is that they try to assist nature. They do not introduce so much the idea of combating the cause of disease as that of rallying to the assistance of nature in her universal effort to lessen the dangers of all pathological processes. What this conservatism is we have learned from the autopsy table, and, in a relatively small number of cases, from careful observation of the living subject. It is, in a word, to surround the harmful nidus by a zone of tissue of such a nature that the former will be circumscribed in its effects and finally either



be cicatrized or perhaps entirely obliterated. To bring about this process various medicinal agents have been introduced into the system. Chloride of zinc and cantharidinate of potash are among the most recent remedies suggested for this purpose. Still more recently have come the suggestions, from two well-known and reputable physicians in the West, in favor of chlorine-gas inhalations, together with the hypodermatic use of iodine and the chloride of gold and sodium. There is no secrecy put forth concerning the method. It is based, its advocates assert, upon scientific principles. It is capable of being used by all physicians. Under these circumstances its claims deserve more than a passing notice.

In a very sensible article upon the treatment of tubercular disease, Dr. N. B. Shade, of Washington, D. C., sums up the indications as follows:

1. Remove the cause—that is, break up the soil in which the germs develop. In doing this the predisposition or susceptibility, whether inherited or acquired, is greatly modified, and in some cases wholly annihilated.

2. Restore the power of assimilating food and thereby increase the volume and improve the quality of the blood.

3. Repair damaged lung and throat tissue.

On these points doubtless all will agree, but when we come to judge the method by which these happy results may best be obtained we have almost as many opinions as advocates. Very often the good results claimed for a certain plan of treatment are closely interwoven with the effects of climatic change, the tonic properties of a free use of cod-liver oil, etc., so that it becomes difficult to analyze the product and to assign to each factor its due meed of praise.

The new method under discussion has not been on trial long enough yet to give a very complete account of itself, and in some of the cases reported as benefitted there have been other therapeutic adjuvants. (It is perhaps of some interest to note that "tuber-

culin," so called, is the only remedy which has really been tried on its merits pure and simple, and tuberculin turned out to be the "light that failed.") Yet we must not give up the search for the golden remedy, and must willingly examine any new evidence put forth by conscientious observers.

In the last number of the *Therapeutic Gazette* (December 15) Dr. H. L. Taylor, of Ashville, N. C., reports his results with the Shurly-Gibbes method. He does not claim permanency of result, for, as he justly remarks, permanent results can only be claimed when years have elapsed without any active symptoms showing themselves. Rightly does he condemn the very prevalent practice of calling certain suspicious causes of chest disease merely bronchitis or catarrh, thus lulling the patient into a false security, missing his hearty cooperation in the treatment, and allowing precious time to go to waste. Dr. Taylor's results may be summarized as follows:

Total number of cases, twenty-two.

Advanced cases, with no improvement in their condition, six, or 27 per cent. of the whole number.

Advanced cases, with improvement, eight, or 36 per cent. of the number treated.

Cases which have shown very great improvement, including advanced and incipient cases, eight, or 36 per cent. of the total.

It is impossible to compare these results with those obtained (without the injections) in those cases in which reliance was placed entirely upon climatic and tonic treatment, with attention to symptoms as they arose, for two reasons.

The first is, that many cases are so far advanced that euthanasia is the one object of all treatment. They cannot oftentimes even reach their homes alive. Such cases would throw the balance at once to the side of the Shurly-Gibbes treatment, and evidently unjustly.

The second reason is, that, in parallel cases, the comparison could only be made with those who have re-

fused the Shurly-Gibbes remedies—patients who have not had the courage to undergo the treatment. The temperament of such cases is against them in their battle for health.

Dr. C. E. Bean, of St. Paul, reports (*Northwestern Lancet*, December 15) forty cases treated in this manner. From the six clinical histories given, we learn that five patients were benefited and one remained stationary—not being affected, apparently, by the treatment one way or the other.

Regarding the technique, the following may be said:

The treatment consists first in the daily hypodermic injection of iodine. The solution, as used by the originators of this treatment, is of the strength of one grain to the fluid drachm, the menstrum for the iodine being a 10 per cent. solution of glycerine in distilled water. The injection is very painful, and this is its chief objection. One of the best solutions as regards pain has been with egg albumen, but in some cases iodism was not produced as rapidly as when the solution was made in the presence of glycerine, and in other cases no effect was produced by the injections, owing to the slow oxidation of the iodine when injected. The effect in every case was slower than when the solution made from the original formula was used. The dose of the iodine to begin with is one-twelfth of a grain; this is gradually increased to as high as one grain, though in very few cases is it necessary to give more than one-half a grain for the maximum dose. When the patient is thoroughly iodinated, the injections of the solution of the chloride of gold and sodium are begun, commencing with a dose of one-thirtieth of a grain, and gradually increasing until one-third of a grain is being given. Usually it is better to alternate the gold and sodium with the iodine.

Inhalations of the chlorine gas, which are commenced with the beginning of the treatment, can be given either through the inhaler, as recommended by Drs. Shurly and Gibbes for office treatment, or by developing in a closed room the chlorine gas by pour-

ing on ordinary bleaching powder a 25 per cent. solution of hydrochloric acid, after the atmosphere of the room has been thoroughly saturated with a solution of the chloride of sodium. If it is administered by means of the inhaler, it is in the proportion of from one to two drachms of chlorine water, U. S. P., to an ounce of a saturated solution of chloride of sodium, and sprayed into the inhaler. When there is no secretion in the bronchial tubes, the inhalations need to be given only every two or three days, but when the exudation is profuse it may be necessary to give as many as three inhalations daily. Again is this the case where there is tuberculous laryngitis.

There is a wide diversity in the first effects produced by this treatment. In some cases there is great mental depression, elevation of temperature, anorexia, and decrease in weight. In other cases there will be almost from the beginning increased appetite, lowered temperature, increase in weight, better spirits, and more sleep at night.

In some cases of ulcerative tubercular laryngitis the chlorine gas inhalations are too irritating. A spray of menthol and creosote has been substituted by Dr. Taylor with good effect. In most every case the gas is liable to cause slight coughing. None of the authorities who have used the remedy feel certain as to how it acts. The gold salts and the halogens are all distinctly germicidal. Do they act directly on the bacilli, or upon the toxalbuminose the latter produce? This the future must answer.—*The Epitome of Medicine*, January, 1892.

#### PURE STRONTIUM SALTS.

There has always been a vaguely expressed but generally accepted opinion, that strontium salts participate in the poisonous properties of barium, on account of the close approximation which the two metals hold in their chemical position to the other elements. The new and precise investigations, however, of Dr. Laborde, *chef des Travaux physiologiques à la Faculté de Médecine de Paris*, have put an end to

this legend; the communications made by this *savant* to the French Academy of Medicine (*Séances du 21 et 28 Juillet 1891*) and to the Society of Biology, have established once and for all, that far from being harmful, pure strontium salts (Paraf-Javal) have, on the contrary, a favorable influence on the phenomena of nutrition.

The same authority showed that the previous contradictions and errors on the subject of the toxic effects of the strontium salts were due exclusively to the greater or less impurity of the commercial products used, containing small amounts of baryta.

Professor Germain Sée in affirming the absolute innocuousness and remarkable therapeutical action of the strontium salts in certain maladies, mentions the fact that they were already the subject of an inaugural thesis inspired by the late Professor Vulpian in 1885 (*Académie de Médecine, 28 Juillet, 1885*).

Drs. Constantin Paul and Dujardin-Beaumetz are not less positive of the merits of the strontium salts (*Société de Thérapeutique, Séance du 11 Nov. 1891*). Dr. Constantin Paul referring to his experiments says:—"I gave six grammes daily of bromide of strontium to a young girl suffering from hysterical epilepsy, for two months. The attacks had hitherto returned periodically before the menses and resisted the regular daily administration of four grammes of bromide of potassium. The bromide of strontium appears to have prevented the attacks, for they have not since re-

Dr. Dujardin-Beaumetz found that bromide of strontium possesses the indisputable advantage of being better borne by the stomach than the other alkaline bromides.

The important position occupied by bromide of potassium in the treatment of nervous diseases is well known, but unfortunately, if administered for any length of time, it provokes intolerance which, in addition to a disturbance of general nutrition, gives rise to symptoms of intestinal septicæmia, followed by cutaneous eruptions associated with intense depression and cerebral torpor. It is therefore eminently desirable to find a substitute, a succedaneum, to use

a therapeutical term, for bromide of potassium, a drug in fact which shall possess all its advantages without its drawbacks.

That bromide of strontium responds precisely to this *desideratum*, has been already proved by the clinical experimentation made; the pure salt in crystalline needles, such as has been obtained by Paraf-Javal, such as is found in the solution prepared by Chapoteaut, is soluble in all proportions of water; it is with this salt, and this alone, on account of its perfect preparation and absolute purity, that clinical researches have been brought to their present pitch of constancy and precision.

At the *séance* of the Society of Biology (Paris) the 17th Octobre 1891, Dr. Ch. Féré in reporting the results observed in his hospital practice at Bicetre (*Comptes-rendus de la Société de Biologie, p. 665*) referred to the interesting case of a patient treated with ten grammes of bromide of potassium daily, in whom the cutaneous eruption persisted in spite of intestinal asepsis. This patient was given the same dose of bromide of strontium, and equally good effects were obtained therapeutically without any undesirable symptoms. Intravenous injections in rabbits have shown that these animals support 0.85 grammes of bromide of strontium as against .14 of bromide of potassium. This proves that bromide of strontium is six times better tolerated than bromide of potassium.

Professor Germain Sée says of pure bromide of strontium that, "it never produces any disastrous effect on the stomach even in large doses. It may be taken in doses of four grammes (sixty-two grains) at each of the three daily meals. Out of thirty-two patients suffering from gastric dilatation, several have been improved and some altogether cured. I believe that the bromide of strontium will advantageously take the place of bromide of potassium, and especially the polybromides, in the treatment of epilepsy" (*Académie de Médecine, Octobre, 1891*).

The indications are those of bromide of potassium, in such nervous affections

as epilepsy, hysteria, asthma, St. Vitus' dance or chorea, paralysis with involuntary agitation, nervous conditions in spermatorrhœa and plumber's colic, of which it relieves the most violent pains.

In diseases of the chest, it prevents the vomiting, relieves the cough which is so fatiguing in these troubles, besides the system is benefited by the general stimulant effect on the nutritive functions, which characterize the strontium salts.

In diabetes its action on the nervous system causes a diminution in the amount of sugar excreted.

#### PROPHYLAXIS AND TREATMENT OF INFLUENZA.

Cyrus Edson, of the Health Department of the City of New York, publishes a monograph on *la grippe* and its treatment,<sup>(1)</sup> in which he says that three indications are to be fulfilled: (1) Means must be taken to assist the system to rid itself of the poison to which the attack is due; (2) pain must be relieved; and (3), not the least important, depression must be counteracted.

The first indication is obtained by means of castor oil or two compound rhubarb pills. Three or four three-grain powders of phenacetin are usually sufficient to relieve headache and muscular pains. Salol, two and a half grains to each dose, may be added to the phenacetin with advantage. He deprecates antipyrin and its congeners, which serve to augment the depression, and recommends instead Hoffman's anodyne, which is diaphoretic, diuretic and stimulant. To overcome depression during and after the disease, he recommends the free use of tonics. He repeats Professor Laffont's (of Lille) recommendation of coca preparations. During the disease a hot grog, one-third Mariani wine of coca and two-thirds sweetened water, is administered, taken very hot, several times a day, the slight diaphoresis induced being a valuable addition to the tonic action. (The editor, in the coming issue of the *Annual of the Uni-*

<sup>1</sup> "La Grippe and its Treatment." By Cyrus Edson. New York, 1891, 16mo. 46pp. D. Appleton & Co.

*versal Medical Sciences*, recommends the exhibition of coca in the early stages of the disease, with a view to counteract the impending asthenia and curtail the disease. Six grains of blue mass are first ordered, and, as soon as a couple of movements have been obtained, two tablespoonfuls of Mariani coca-wine are given, every two hours; lozenges, each containing two grains of coca-leaves and one-twelfth of a grain of cocaine, contribute greatly to ward off the pharyngo-laryngeal complications. A 6 per cent. solution of cocaine, applied occasionally to the nasal mucous membrane, directing the cotton-covered probe toward the roof of the nose and anteriorly, reduces markedly the pain caused by involvement of the frontal sinus. He fully agrees with the author as regards the contra-indication of antipyrin.)

Edson considers champagne, generous wines, tonic doses of quinine, iron and strychnia also of value. The catarrhal irritation of the air-passages is best allayed by inhalations of compound tincture of benzoin. Chloroform liniment is recommended as a rubefacient; opium and carbonate of ammonia for the cough. The treatment of pneumonic *grippe* is essentially the same as that of uncomplicated pneumonia, the author emphasizing the advisability of preserving the strength of the patients. —Editorial in *The Satellite*, Feb. 1892.

#### COCAINE POISONING IN GYNECOLOGY.

A. Lorenz (*Centralbl. f. Gynäk.*, December 19, 1891) describes four cases in which he used cocaine for minor operations on the cervix. In the first a 20 per cent. solution was injected, to avoid pain during scraping of the endometrium. It had no effect. In three other cases Lorenz used a 4 per cent. solution of hydrochlorate of cocaine in sublimate (1 in 10,000) water. A hypodermic syringe of this solution was injected into the os uteri itself, and not into the labium after Bosquet's plan. The first patient was twenty-seven years old, and the curette was about to be used. The solution was injected,

and half a minute later the patient complained of a feeling of cold over the whole body. A great quantity of urine was drawn off with the catheter. Restlessness, contractions of the limbs, and tonic convulsions involving the facial and pharyngeal muscles, set in. Very large quantities of urine were passed in the course of the day, and this polyuria continued for four weeks. There appeared to be a hysterical element in this case. The second patient was twenty-five years old. A small quantity of the cocaine was injected before curetting. Half a minute later restlessness, a chilly feeling, and contractions of the limbs set in. A strong cup of coffee stopped these symptoms, and the operation was completed. There was polyuria for two days. The third patient was twenty-nine; the cocaine was injected before incision of a stenosed cervix. The same symptoms developed as in the second case, but to a less marked extent, so that the operation was completed after a very short interruption. The sensibility of the parts, however, seemed little affected. For two days after the operation urine was passed very freely.

—*Supp. British Med. Journal.*

## LEPROSY.

Looft (*Centralbl. f. d. med. Wiss.*, 1891, p. 764) has found bacilli in anæsthetic spots in four cases of pure anæsthetic leprosy, the cases representing four stages of the malady from two to seven years' duration. The portions of skin examined were excised from the periphery of the spots. In the sections from the old patches the bacilli were very few in number. In no case were bacilli found in the muscles in which the fibrillæ had undergone fatty degeneration.—*British Med. Journal.*

## INSOMNIA OF ALCOHOLISM.

Krafft Ebing speaks very highly of methylol as a hypnotic in this condition. It is employed hypodermically in doses of fifteen minims of a 10 per cent. aqueous solution, from one to three times in the twenty-four hours.

—*Med. Record.*

## Miscellany.

## HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending March 4, 1892:

WARD.	Measles.		Scarlet Fever.		Whooping Cough.		Diphtheria.		Croup.		Typhoid Fever.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....	3		2	1					1		1	
2.....	12		3	1			2					
3.....	1						1					
4.....	2						3				1	
5.....	4			2			1					
6.....			1									
7.....							2		1	1		
8.....												
9.....	2		1	1								
10.....			1	1								1
11.....												
12.....	1						1				1	
13.....							1	1				
14.....												
15.....	2											
16.....												
17.....												
18.....	2		1				2					
19.....			1									
20.....			1									
21.....											1	
22.....												
23.....	1		6									
24.....			3									
25.....			1									
26.....	5						1					
27.....	2		2				1					
28.....	1		2								1	
29.....			1									
30.....			2	4					1			
Public Institutions.....			1									
Totals.....	38		28	9			13	3	2	3	4	1
Last week.....	22		24	8			25	11	1	2	7	1

Mortality Report for the week ending February 27, 1892:

Croup.....	3
Diphtheria.....	3
Erysipelas.....	3
Influenza.....	3
Scarlatina.....	2
Typhoid Fever.....	1
Other Zymotic Diseases.....	3—18
Cancer.....	4
Phthisis Pulmonalis.....	20

Other Constitutional Diseases.....	2-26
Apoplexy.....	3
Bright's Disease.....	4
Bronchitis.....	9
Convulsions.....	10
Gastritis.....	2
Heart Disease.....	5
Nephritis.....	2
Pneumonia.....	13
Other Local Diseases.....	14-62
Deaths from Developmental Diseases.....	12
Deaths from Violence.....	5
Deaths from all causes.....	123
Annual rate per 1,000.....	21.32
Deaths under 1 year.....	25
Deaths between 1 and 5 years.....	18-43
Deaths during preceding week.....	148
Deaths for corresponding week of 1891.....	120
Deaths for corresponding week of 1890.....	119
Deaths for corresponding week of 1889.....	119

J. W. PRENDERGAST, M.D.,  
Health Officer.

#### CATHETERIZATION OF THE FEMALE BLADDER.

Professor Parvin advocates the use of the ordinary male catheter, instead of the female, as by its greater length the bladder can be emptied without soiling the clothes or necessitating any exposure of the patient. It is passed into the bladder just as easily as the other kind.—*Coll. and Clin. Record.*

#### EARACHE.

Take five parts of camphorated chloral, thirty parts of glycerine, and ten part of oil of sweet almonds. A piece of cotton is saturated and introduced well into the ear, and it is also rubbed behind the ear. The pain is relieved as if by magic, and if there is inflammation it often subsides quickly.—*Medical Brief.*

#### ACTION OF ICE AND ICE-WATER IN DIPHTHERIA.

The treatment of diphtheria as employed by Dr. Bleyne consists in the application of ice upon the neck, and the internal use of ice. If ice is not obtainable, water as cold as possible may be used instead. The author claims that cold destroys the bacillus of diphtheria.—*Buffalo Med. Journal.*

#### OHIO HEALTH BULLETIN.

Infectious Diseases reported to the Ohio State Board of Health in 56 cities and towns during the week ending March 4, 1892.

<i>Diphtheria:</i>			<i>Typhoid Fever:</i>		
	Cases.	Deaths.		Cases.	Deaths.
Akron.....	2	1	Ada.....	1	..
Amelia.....	1	..	Attica.....	1	..
Atica.....	3	..	Cincinnati.....	4	1
Carey.....	6	1	Cleveland.....	6	1
Cincinnati.....	13	3	Crestline.....	5	1
Cleveland.....	14	1	Columbus.....	..	1
Columbus.....	2	..	Fostoria.....	2	..
Elmwood.....	2	..	Girard.....	1	..
Galion.....	4	..	Hanging Rock..	1	..
Lima.....	1	..	Lorain.....	3	..
Logan.....	3	1	New Lisbon.....	1	..
Middletown.....	2	1	Sidney.....	1	1
Springfield.....	10	..	Springfield.....	..	1
Toledo.....	1	..	<i>Scarlet Fever:</i>		
<i>Measles:</i>			Akron.....	3	..
Akron.....	1	..	Bellefontaine.....	3	..
Bedford.....	2	..	Carey.....	2	..
Cincinnati.....	38	..	Cincinnati.....	28	2
Cleveland.....	11	..	Cleveland.....	11	..
Girard.....	1	..	Columbus.....	14	3
Lima.....	10	..	Coshocton.....	7	..
Reading.....	1	..	Elmore.....	3	2
Springfield.....	7	..	Elmwood.....	1	..
Warren.....	18	..	Garrettsville.....	2	..
<i>Whooping-Cough:</i>			Greenville.....	4	..
Cincinnati.....	9	..	Lima.....	1	..
Cleveland.....	1	..	Lockland.....	1	..
Crestline.....	3	..	Middletown.....	1	..
Leetonia.....	2	..	Portsmouth.....	4	..
Lockland.....	1	..	Salem.....	1	..
Madison.....	5	..	Springfield.....	2	..
Olmstead.....	2	..	Toledo.....	4	..
Sidney.....	1	..	Troy.....	1	..
			Urbana.....	2	1
			Versailles.....	3	..
			Warren.....	1	1
			Wellston.....	7	..
			Wooster.....	3	..
			Wyoming.....	1	..
			Youngstown.....	5	..

No infectious diseases reported to health officers in 14 towns.

C. O. PROBST, M.D., Secretary.

#### THE KNEE JERK.

Not the least important of recent contributions to the study of this ever interesting reflex phenomenon, is that of John Ferguson, M.D., etc., of Toronto, contributed to the *Medical Record* of recent date. Of the various reflexes, the myotatic contraction, produced by the sharp and sudden striking of the patellar tendon, is probably the most

important. The writer reports three cases of injury to the spinal cord, in which there was complete absence of the knee-jerk and ankle clonus. In these cases the cord was completely severed from both cerebrum and cerebellum, and it is very evident, as the writer concludes, that if the knee-jerk depends upon the spinal cord, and is only inhibited by the brain, there should have been an exaggeration rather than an extinction of the phenomenon. On the other hand, he adduces proof that the knee-jerk is something more than a spinal reflex, by the citation of cases, with which we are all familiar, in which from disease or injury there has been a removal of the influence of the cerebrum, with the result of great exaggeration of the knee and ankle reflexes. His argument is completed by the report of several cases of cerebellar tumors, in which there was a complete absence of the knee-jerk and ankle clonus, although the cerebrum and spinal cord were intact. The writer further calls attention to the fact that the familiar post-epileptic exaggeration of the knee reflex is by him found to be absent in precursive epilepsy, and leads him to suspect that this form of epilepsy is due to a cerebellar "discharge," which causes its exhaustion, so that the spinal cord does not receive the influx from the cerebellum, while the inhibitory influence of the cerebrum is in full force. When the discharge is cerebral, inhibition is weakened and the reflex is increased. The whole trend of the paper is toward the theory advanced by Hughlings Jackson, that the knee reflex is due to an influx from the cerebellum, and is not a simple spinal reflex.—*Medical Fortnightly*.

#### ACID DYSPEPSIA.

The following (*Med. Record*) often affords relief in cases of persistent sour stomach:

℞ Sodii salicyl.	3 j.
Spt. vini gall.	3 ij.
Solve et adde,	
Syr. aurant. cort.	3 j.
Vini albi fort.	3 iij. M.

One tablespoonful before meals.

## In Memoriam.

ROBERT S. GILCREST, M.D.

Dr. Robert S. Gilcrest was born at Mt. Vernon, Ohio, May 5, 1823. Educated at Kenyon College, he took his medical degree at the Medical Department of the Western Reserve College in 1853. He immediately settled in De Graff, Ohio, where, in 1856, he married Anna B. Brooks, who survives him. He remained in De Graff, except while serving in the army as surgeon during the late war, till 1886, when he removed to Ottumwa, Iowa, where he formed a partnership with the late Dr. S. B. Thrall.

The death of Dr. Thrall, in 1888, threw the burden of practice on Dr. Gilcrest, and his ability and high character enabled him to hold a very large and lucrative practice, till his health failed him last fall.

Since last October Dr. Gilcrest had been a constant, but patient, sufferer from cancer of the liver, from which he died February 19, 1892, at his home in Ottumwa.

Dr. Gilcrest was an example of the highest type of manhood—pure and refined in his manners and conversation, ever ready with advice and encouragement to his younger professional brethren, always willing to lend his counsel, ripe with with long experience, to his fellows; studious, kind and faithful as a physician; a generous and courteous neighbor; a devoted and loving husband and father; a noble Christian gentleman, living constantly a life that was a beautiful illustration of the principles taught by the Master.

#### RESOLUTIONS OF RESPECT.

The following resolutions of respect have been adopted by the Wapello County (Iowa) Medical Society:

WHEREAS, By the decree of Divine Providence, our esteemed friend and colleague, Dr. R. S. Gilcrest, a former president of our society, in the fullness of years, has been called from his sphere of usefulness "to that undiscovered country from whose bourne no traveler returns," therefore be it

*Resolved*, That while we bow in obedience to the mandate of "Him who doeth all things well," we recognize the loss of one who was loved and honored by all for his gentle virtues, manly qualities and scientific attainments, and whose place among us must forever remain vacant.

*Resolved*, That in the death of Dr. Gilcrest the medical profession has lost one of its wisest and most accomplished members.

*Resolved*, That we tender to the family of the deceased our warmest, tenderest sympathies, assuring them that we, too, have lost a valued colleague and trusted friend.

*Resolved*, That a copy of these resolutions be presented to the family of Dr. Gilcrest, and be published in the CINCINNATI LANCET-CLINIC.

J. WILLIAMSON,  
L. J. BAKER,  
D. A. LAFORCE.

#### A HINDOO FEMALE PHYSICIAN.

A Hindoo woman physician was recently graduated in Edinburgh. Her name is Miss Jagannadham. She studied first three years in Madras, then two years at the Edinburgh School of Medicine for Women, where she passed her

examination most successfully, and obtained the diploma of the Scottish conjoint colleges, thus placing her name on the British Medical Register. She was demonstrator of anatomy during her last session at the Edinburgh School. On leaving the school she spent a year as house physician in the Edinburgh Hospital for Women and Children. Last October Miss Jagannadham went to India, where she intends to spend her life as a medical missionary. She is at present in a hospital in Bombay.

—*N. Y. Med. Record.*

#### INCREASE OF INSANITY IN FRANCE.

Insanity has increased so in France that asylums can no longer hold the lunatics. The *Assistance Publique* has, therefore, decided to place some of the insane paupers who are harmless with peasant families, just as it now puts out pauper children.

—*N. Y. Med. Record.*

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## CONTENTS.

### ORIGINAL ARTICLES.

- ONE HUNDRED AND FIFTY CIRCUMCISIONS, AND THE  
Lessons they Teach. By B. Merrill Ricketts, M.D.,  
Cincinnati. 359  
A POST-MORTEM REPORT. By F. P. Dorschug, M.D.,  
Cincinnati. 363

### SOCIETY REPORTS.

- CINCINNATI MEDICAL SOCIETY.  
Meeting of February 9, 1892.  
Discussion on One Hundred and Fifty Circumcisions,  
and the Lessons they Teach. 364

### TRANSLATIONS.

- MOLIERE AND GUI PATIN.—Chapter II.—Continued. By  
Thomas C. Minor, M.D. 367  
THERAPEUTIC NOTES. By F. H. Pritchard, M.D., Nor-  
walk, O.  
Asthma.—Intestinal Disturbances of Children. 362  
How to Administer the Chlorhydrate of Ammonia in  
the Grippe.—Prophylaxis of Scarlatinous Neph-  
ritis. 364  
Piperazine in Gout.—Hyposulphite of Soda in the  
Grippe. 366

### TRANSLATIONS.

- Salicylate of Soda in Diabetes Mellitus.—Oil of Tur-  
pentine in Pityriasis Versicolor and Herpes Ton-  
surans.—An Anti-Neuralgic Mixture.—Pruritus  
Ani. 370  
Pasta Cerata as a Salve Base in the Treatment of  
Wounds.—Dermatol and Iodoform.—Lactic Acid  
in Gout as a Prophylactic. 371  
The Local Application of the Essence of Turpentine  
in Erysipelas.—Aristol in Fissures of the Breast.—  
Formula for the Administration of Quinine to  
Children.—Antiseptic Treatment of Profuse  
Diarrhœas.—Emetine in the Treatment of Diar-  
rhœas from Indigestion. 372  
Eczema of the Vulva.—Creasote in Influenza. 373

### EDITORIAL.

- AN INSULT TO THE MEDICAL PROFESSION OF OHIO. 373  
AN EXTRAORDINARY INFINITESIMAL DILUTION. 375  
EDITORIAL NOTES: The Suit against Dr. Wm. Juddins.—  
The Ohio State Medical Society. 376

Contents continued on Advg. p. 4.

See Advertisement "VIN MARIANI" on Insert page x.

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January 9th, 1892.

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A WEEKLY JOURNAL OF  
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*New Series Vol. XXVIII.*

CINCINNATI, March 19, 1892.

*Whole Volume LXVII.*

## Original Articles.

### ONE HUNDRED AND FIFTY CIRCUMCISIONS,

AND THE LESSONS THEY TEACH.

A Paper read before the Cincinnati Medical  
Society, February 9, 1892,

BY

B. MERRILL RICKETTS, M.D.,  
CINCINNATI.

Unlike David, coming to Saul with the captured Philistines, I do not bring to you two hundred prepuces as evidence that I have slain that number of Christians.

The earliest mythological information we have is upon Osiris's return to Egypt. He found that Typhon had caused great dissension among the Egyptian people. Typhon dismembered Osiris and cut him into fourteen pieces, giving to each of his followers a piece, he himself securing the phallus. Isis, the spouse of Osiris, by some intrigue, came into possession of the government, and having secured all of the pieces except the phallus, which Typhon had cast into the sea, caused many statues to be erected, each of which was to contain a piece of Osiris, that he might be worshiped as a god.

The phallus was ordered special worship, hence the phallic worship and the sacredness of the white bull Apis of the Egyptians, which was chosen to represent Osiris.

The Biblical history is found in Genesis xvi: "This is my covenant betwixt me and you, and thy seed after thee, every man-child among you shall be circumcised, and ye shall circumcise the flesh of your foreskin, and it shall

be a token of the covenant betwixt me and you."

It is said that Abraham was the first to make the operation, having first operated upon himself, upon his son, and then upon his servants, four hundred in number.

The Egyptian Pyramids are the third source of our historical knowledge of this performance, they dating us further back than Remisis II. Being a firm believer in the theory of the origin of the human race being in the western world, I must say that these pyramids indicate that the custom of circumcision was practiced long before their existence, as indicated by some of the explorers of Yucatan, who state authentically that the operation was made some twelve thousand years ago. The various tribes of the North American Indians have practiced the custom for many generations, and we find that it is the custom with the Abyssinians, Arabs, and Hottentots, the latter circumcising the females also. The Australian and African cannibals consider the flesh of the circumcised finer and more delicious for this reason, and offer greater compensation for the capture of males who are divested of their prepuces.

The custom seems to have been adopted by the Jews about six thousand years ago, and does not seem at any time to have lost its popularity. However, my object is not to enter so much into the history of this custom, and kinds of operation adopted by the various peoples of different countries, as to speak of a few of the 150 operations I have made during the last ten years.

First, I would like to speak of the indications for this operation, they being divided into local and systemic:

Local Indications.	Systemic Indications.
1. Hygienic.	1. Onanism.
2. Phymosis.	2. Seminal emissions.
3. Paraphymosis.	3. Enuresis.
4. Redundancy.	4. Dysuria.
5. Adhesions.	5. Retention.
6. Papillomata.	6. General nervousness.
7. Eczema {acute	7. Impotence.
{chronic	8. Convulsions.
8. Œdema.	9. Hystero-epilepsy.
9. Chancre.	
10. Chancroid.	
11. Cicatrices.	
12. Inflammatory thickening.	
13. Elephantiasis.	
14. Nævus.	
15. Epithelioma.	
16. Gangrene.	
17. Tuberculosis.	
18. Preputial calculi.	
a Hip-joint disease.	
b Hernia.	

*Hygienic.*—I have made many operations for eczema (both acute and chronic), balanitis, posthitis, and balano-posthitis, all of which are attributable to uncleanness. These conditions may be the result in the most fastidious.

About 20 per cent. of those I have made, both in childhood and adult life, have been for phymosis, while 5 per cent. would be the proportion of those for paraphymosis, conditions for which the operation should always be made; also for that of redundancy, which constitutes about 20 per cent. (By redundancy, I mean where the phallus more than covers the gland.)

*Œdema* from any cause, or in any degree, should not prevent the removal of the prepuce.

*In cases of chancre* (Hunterian) I think that it is our duty to always remove them by a complete circumcision when their removal can be accomplished in this manner, as it has been fully demonstrated that excision does in a few cases prevent, and in many more mitigate, the severity of the disease.

*cases of chancroid*, I sometimes see if they are several days old. However, I have removed several by complete circumcision, after destroying roughly as possible the diseased tissue with a red-hot iron. This may be successfully accomplished without

pain if two or three grains of cocaine be injected into the prepuce five minutes before the operation. In one case, I did not meet with success, owing, perhaps, to my inexperience in the use of the actual cautery.

*Phagadenia* developed, and almost denuded half of the organ, so that much time was lost and pain endured in granular healing, erections being the cause of pain.

*Papillomata* should always be a cause for the operation, especially when the prepuce cannot be retracted. The moistened condition is always favorable to the development of such growths. If the prepuce cannot be retracted, owing to these growths, as is the case with the soft chancre, the lateral incision should be made and the flaps allowed to care for themselves. In this way the gland may be thoroughly cleansed at frequent and regular intervals. After the storm has passed, and the tissues are free from the possibility of infection, the flaps may be removed by a secondary operation.

The result of many hard and soft chancres is contraction of the prepuce to such a degree that it cannot be retracted. The *cicatrices* in these cases can only be treated by an operation.

*Inflammatory thickening* demands in almost every case the Cloquet operation, as does elephantiasis, also. The latter, however, is very rare.

*Nævi*, when upon the prepuce, should receive the same treatment.

*Epithelioma*, in the majority of cases, has progressed to such a degree that the gland has become involved, but when this is not the case immediate and radical circumcision should be made. I think that many of these cases of epithelioma can be entirely cured, like epithelioma of any other part of the body, if excised in its earlier stage of development. Why not?

*Gangrene* does its own work, as a rule, but should there be an irregular border it would be best to make it symmetrical.

*Tuberculosis* is not infrequently found upon the foreskin, showing that, like venereal lesions in general, it may

infect any portion of the body where an abrasion exists. In point of fact, I think any lesion upon the prepuce demands its immediate removal.

*Prepuceal calculi* are not so frequently found among our people as among the Chinese, who are proverbial for the great number and enormous size of these calculi. They are not allowed to become so large among civilized people, but whenever found should be removed by means of the operation.

*Onanism* many times is due to an irritable gland, caused by the accumulation of smegma and urine salts, especially with children, and once the habit is formed it does not matter what is done, the habit will continue to a greater or a lesser degree. In consequence thereof, I always advise and make the operation.

*Seminal emissions*, as a rule, are diminished 75 per cent. in frequency by this operation alone. I have never seen it fail to benefit patients suffering from this trouble.

*Enuresis, dysuria, and retention* are invariably benefitted, if not cured, in childhood, by removal of the foreskin.

*General nervousness*, where no cause can be assigned, is frequently due to penial irritation, and many times have I seen great relief given, and in a few cases a cure brought about, by this simple operation.

*Impotence* I find very much benefitted by the operation. I also find that in some cases the mental effect is good, that alone with a few justifying the operation.

*Convulsions* I have found to be in several cases due to a tightened, adherent or an elongated prepuce. My experience has taught me that immediate relief can be given by the operation.

*Hystero-epilepsy* I think is a result found in girls and boys alike. No girl or boy baby should be allowed to become one month old without a thorough examination of the genitals having been made. In many of these cases in girls, or even women, adhesions, growths, or malformations are the source of the irritation, and should

receive immediate and radical attention.

I do not mean to report in detail all of the operations; merely those which I think will be of the greatest interest—those which have afforded me more information upon this subject than all that I have read.

I wish to say right here that I make it a rule to remove the prepuce in every case of gonorrhœa I treat. This is one of the requirements that I make. If this is done no complication with the phallus will arise. Cleanliness can better be secured and more perfect drainage obtained, which surely lessens the possibility of cystitis and orchitis.

#### REPORTS OF CASES.

A., is twenty-nine years old, and was circumcised at the age of ten years by the family physician, who removed the prepuce by twisting a wire upon it, actually tearing the skin asunder, claiming to the patient that he was afraid of fatal hemorrhage if he did otherwise. The result was that the inner skin became adherent to the gland throughout its entirety. After injecting three grains of cocaine into the adherent tissues, above which was a light rubber band, I removed enough skin to bare the gland, which was cauterized, so as to prevent the reuniting of the surfaces. A good recovery ensued, leaving the gland entirely bare.

B., aged forty-eight years, fair habits except excessive venery. Impotence for two years. Cocaine; removal of an elongated prepuce, eighteen months ago; condition improved 75 per cent.

C., a widower fifty-four years old, impotent and much debilitated from constitutional causes (syphilis); no erection for ten weeks; circumcision with cocaine and Cloquet method; improvement marked. I find in such cases as these the condition most favorable for the operation, and I now never hesitate to perform it, leaving the gland entirely bare.

D., three years old, occurred eighteen months ago. I was called, and found the boy in convulsions. Upon

examining the penis, found that the prepuce could not be opened. Upon questioning the parents, I found that the child cried, and at times screamed aloud, upon attempting to urinate. I made the median incision, finding one-half of the gland adherent to the prepuce. The child rallied from the anæsthetic (chloroform), and has remained free from any further attacks, he having had these convulsions since six months of age.

E., nine years old, nervous and hysterical; prepuce much elongated, and so tight that it could not be retracted. Cocaine, operation, and recovery. His mother states that he is perfectly well, and free from any trouble whatever.

I should also like to refer to a female case which I examined last summer. The child had trouble in urinating, and an examination revealed an almost similar condition as reported by Remondino. This case shows us that it is of great importance to examine females, as well as males, as soon after birth as possible.

A thin membrane was adherent to the clitoris, extending from the urethral meatus in such a way that the urine did not pass directly outward, but upward, a distance of an inch or more, and then out. In other words, a false channel had been formed. This was freely opened, and all of the excessive nervousness disappeared.

Now that I have gone over a few of these cases, I should like to speak of the kinds of operations. The greatest number I have performed were after the Cloquet method. Each case, it seems to me, is a case of itself. There is no rule. If the phallus is long, perhaps an incision would be sufficient. I generally make three cuts, and then sew up the wound. I sometimes cut the bridle, but seldom have hemorrhage. If the skin is short, all that is necessary is a median incision. If the prepuce covers the gland, it is necessary to make three incisions. In a case of papillomata, I can find nothing better than making three incisions. We have a general complaint that the operation is annoying. I wish to state that all

operations are more or less annoying. As to the sutures in sewing the wound, would say that I now always use the cat-gut suture. I was under the impression, formerly, that silk was better than any other, but I have gotten over that. My dressing is generally a dry one, and I allow it to remain a week. I do not apply a wet dressing, because it is apt to cause an erection. If this should occur, tearing the stitch out, there is a way of bringing the skin back, covering it, and sewing it together. I usually take a stiff piece of paste-board, cut a hole in it, press it down upon the gland, and secure with adhesive straps. I feel confident in stating that there are not enough of these operations performed. No child should go unexamined, as this is one of the greatest annoyances of infancy.

[FOR DISCUSSION SEE P. 364.]

#### ASTHMA.

Dr. Huchard, of Paris (*Le Bulletin médical*, No. 9, 1892), praises the following formula in the treatment of asthma:

℞ Iodide of potash,	} aa	gms. 10
Tinct. of lobelia,		
Tinct. of polygala,	} (3ijss).	
Extract of opium,		
(grs. xv).		dgms. 10
Water,		gms. 900
(fl. 3xxvij).		

A teaspoonful morning and evening in a quarter of a glass of water.

The addition of the opium increases the tolerance of the stomach for the alkaline iodide; the iodide of sodium may be used fully as well.

#### INTESTINAL DISTURBANCES OF CHILDREN.

Dr. Souverberger (*Lo Sperimentale*, No. 1, 1892) praises the following:

℞ Resorcin,	dgms. 1-2.5
(grs. ijs-iv).	
Infusion of chamomile	gms. 7
(fl. 3ij).	
Tincture of nataria,	gms. 2
(℥xxx).	
Syrup bitter orange peel,	dgms. 2
(℥ij).	

A teaspoonful every one to two hours.

—[Pritchard.]

## A POST-MORTEM REPORT.

Reported to the Cincinnati Medical Society,  
January 5, 1892,

BY

F. P. DORSCHUG, M.D.,  
CINCINNATI, O.

I present to you to-night the report of a post-mortem examination upon the body of a man who died suddenly while waiting in a physician's office. There being some suspicious circumstances connected with his death, the coroner ordered an official examination, which I made on December 29, 1891. This proved to be quite interesting. I therefore bring it before the Society, together with the pathological specimens taken from the body.

*Post-mortem.*—Body was that of a man apparently about the age of forty years, fairly well developed and nourished; five feet ten inches in height, brown hair, reddish mustache, cleanly shaven face, decided Roman nose, teeth perfect, brown eyes.

Upon opening the body and laying bare the abdominal organs, the stomach was found to be enormously distended. It was perfectly free from any adhesions to any of the surrounding organs. The cardiac and pyloric extremities were carefully tied so that none of the contents should escape, and the organ was removed. It was then opened, and was found to contain an immense blood-clot, which completely filled the organ. There were a few pieces of what looked like cooked potatoes; otherwise no food was present. The clot was turned out and the mucous membrane of the stomach seemed to be thickened and congested.

At the cardiac orifice, there was a lesion of the mucous membrane, *i. e.*, an opening in the mucous membrane about one inch in length and about one-sixth of an inch in width; it was widest at the center, and tapering off from that point, formed a diamond-shaped ulcer. The border of the ulcer was of a deep blue color, free from any induration, and had more the appearance of recent laceration than any chronic lesion. There were no inflammatory

signs on the peritoneal coat of the stomach at the site of the lesion.

Intestines were normal; omentum fatty; liver normal; kidneys and other abdominal organs normal.

Lungs normal in appearance and unusually free from pigmentation; no adhesions. Further examination showed them to be free from disease.

Heart normal in size; had excess of fatty covering; mitral valve somewhat thickened, aortic valve normal; heart cavity almost empty.

The aorta was traced along its course to a point above the celiac axis, at which point an aneurism was found about the size of a crab-apple. It was situated on the anterior wall of the aorta, and was found to be adherent to the œsophagus, the walls of which were perforated by ulceration caused by pressure from the aneurism. The ulceration was oval in shape, about one inch in length and one-quarter inch in diameter. Its long diameter corresponded with that of the œsophagus. The margin of the ulcer was rounded off and smooth.

The brain was examined and found to be normal.

Cause of death: internal hemorrhage.

At the first examination, the cause of the hemorrhage appeared to be in the stomach, from the laceration of the mucous membrane, and the question presented itself: Was it a case of gastric ulcer, due to embolism of one of the gastric capillaries, which would leave the mucous membrane unprotected by the alkaline blood, and allow the gastric juice to act upon it and digest the mucous membrane and open into one of the blood vessels, producing the hemorrhage? The embolus might have its source in the blood-clot of the aneurism.

The true source of the hemorrhage was discovered upon laying open the aneurismal sac and finding the ulceration into the œsophagus, to which it was adherent.

The lesion in the stomach was puzzling, from the fact that great care was used in removing the organ from the body, and could not have been pro-

duced by handling; so the only conclusion to be arrived at is that it was due to over-distension of the stomach by the blood-clot, laceration occurring after death and after softening of the membrane from post-mortem changes.

The case loses a good deal of its interest from the fact that no clinical history can be obtained. The man was a railroader, and did not reside in the city, and the doctor in whose office this happened seemed to know very little about him.

#### HOW TO ADMINISTER THE CHLORHYDRATE OF AMMONIA IN THE GRIPPE.

Dr. Marotte (*Le Bulletin médical*, No. 6, 1892) has found many persons to have difficulty in taking this salt in powder form, as it sometimes causes disagreeable burning in the stomach. In order to avoid this he administers it in a potion as follows:

R Muriate of ammonia, .	gms. 3
(grs. xlv).	
Syrup of orange peel, .	gms. 40
(fl. ℥jss).	
Rum, . . .	gms. 15
(fl. ℥iv).	
Infusion of sage, ad. .	gms. 250
(fl. ℥viiij).	

A soup-spoonful every two or three hours. Increase the dose according to the severity of the disease.

#### PROPHYLAXIS OF SCARLATINOUS NEPHRITIS.

Dr. Ziegler (*La Semaine médicale*, No. 4, 1892) puts his scarlatina patients upon a milk diet from the very first, and in over a hundred cases he has not seen a renal complication. During the first few days, when the anorexia is complete, the child is given a little milk, diluted with mineral water. When the appetite returns the child is given from a pint to three quarts of milk a day for the first three weeks; the milk is first boiled before administering. Now and then the child may be permitted to eat a piece of bread or a biscuit. This is continued in all its strictness for the first three weeks of the disease, to return gradually to the ordinary food.—[Pritchard.]

## Society Reports.

### THE CINCINNATI MEDICAL SOCIETY.

#### OFFICIAL REPORT.

*Meeting of February 9, 1892.*

The President, F. W. LANGDON, M.D.,  
in the Chair.

L. S. COLTER, M.D., Secretary.

DR. B. MERRILL RICKETTS read a paper on

*One Hundred and Fifty Circumcisions, and the Lessons They Teach* (see p. 359).

#### DISCUSSION.

DR. DANDRIDGE:

This subject is one of exceeding interest to me, and I am glad that it has been brought to our attention. I am also of the opinion that there are not enough of these operations performed, and many cases which clearly indicate the necessity of one are often overlooked. If I mistake not, the Doctor did not speak of hip-joint disease in male children. This is also very often overlooked. I think that under all circumstances male children should be examined, and where there is a positive elongation an operation should be performed. I myself have seen men in an advanced period of life—men with families—where the prepuce was elongated and they were unable to expose the gland. In children I have seen nervous symptoms accompany the disease. The advice given by the Doctor in regard to the character of the operation is good advice, but he fails to mention whether he performs the operation with a knife or the scissors. There are many of these cases that are exceedingly difficult to dress after the operation has been performed. In reference to the operation in chancre, I wish to say that it is always indicated. The operation is not a grave one, and in our present state of knowledge I think we are taught always to perform it. If we succeed, we have indeed relieved our patient; if we do not, there



can have been no serious damage done. Most of my cases have been in hospital patients. In all cases where we have a chancre located about the prepuce, the proper thing to do is to remove same. I remember one or two cases where circumcision was performed for apparent hip-joint disease. I have a case under my care now which I for awhile treated for hip-joint disease, with very little relief. In all probability, I shall perform the operation of circumcision, and hope that this will afford my patient permanent relief.

DR. MARCUS:

The operation mentioned I have performed for a number of years. One case in particular do I recall, which was that of a man twenty-one years of age, with a narrow prepuce; near it I found a soft sore, which was impossible to treat until the operation had been performed. I was called some years ago to a family who had a singular experience with circumcision. The father had performed the operation, when a severe hemorrhage followed which he was unable to control. They sent for me, and I did all in my power to check the flow, but the child being a weak one since birth, died from the effects of an excessive loss of blood. The child was not strong enough to undergo the operation at the time, but it being the custom with this class of people to perform the operation eight days after birth, they acted according to the teachings of their religion, with the above-stated results. In speaking of circumcision generally, and the customs of the various people whom our essayist mentioned, that of the Jews differs in many respects. In Europe, the operation is performed only by a licensed physician, but may also be performed by the laity, assisted by a licensed physician. In America this class of people do not adhere as precisely and accurately to the rules and customs accompanying this operation as their orthodox and European co-religionists. I have seen many cases of circumcision, however, which were very poorly done. The orthodox Jews have the habit of taking the organ into their mouth, and sucking

the blood after the operation has been performed. But this is done only by the lower class. A very intelligent Russian called at my office the other day and informed me that he had circumcised his child two weeks ago, and had followed the custom of sucking the organ to stop the flow. I examined his mouth and found it syphilitic. In reference to hemorrhage, I wish to state that in one case of hemorrhage that I remember the blame was attached to the nurse who, it was claimed, had not attended to the dressing from the time the physician left (this was in the morning). The child died, but I do not doubt that if medical aid had been summoned sooner the child might have been saved.

DR. EDWIN RICKETTS:

There is one thing mentioned in the paper that I cannot let go unchallenged. That is the statement of not using heamostetic forceps in cases of hemorrhages. I always use them, and there is not another instrument that I consider more suitable or one that would answer the purpose as well.

DR. B. M. RICKETTS, in closing the discussion, said:

I am glad Dr. Dandridge mentioned apparent hip-joint disease. Although I have never encountered it, I firmly believe that it exists, as reported by the various men of unquestionable veracity. Dr. Chas. T. Phythian reports to me a case that came under the care of Dr. Dawson and himself, which, after being circumcised, was relieved of all hip trouble.

I now have a boy four years old suffering from hernia (scrotal). His father states that it was first noticed four weeks ago. I have found an elongated prepuce which can not be retracted. Upon the suggestion of Dr. Dandridge, I shall propose the operation, and report later its results.

Hemorrhage is sometimes due to tearing the inner skin too far back, thus involving the corona, or body of the glans at the point of union with it of the inner skin.

I am convinced that the knife, and not the scissors, should always be used, primary union being more likely to

take place. As to dressing for infants, I would say that a zinc paste or a few cotton fibres with collodion has given better satisfaction than any I have used.

Suction for the relief of hemorrhage was abolished in France about 1846, but is practiced yet to some degree by the lower classes.

I refrain from the use of forceps as much as possible, even for torsion, depending upon hot water and pressure of sutures. A slough will always result where the forceps have been applied to this delicate tissue.

I wish to mention the case of a man forty-nine years of age, who, during infancy, had never been examined by either father or mother, and had remained in this condition all these years. I made the operation, dressed it, and about an hour afterward had a severe hemorrhage. I think I am safe in stating that the man lost a pint and a half of blood. I removed the dressing and applied the forceps and ligatures. I was successful in checking the flow, but a small slough resulted. In all of my experience I have had but three cases where hemorrhage developed after the dressing was applied. I have, however, used the forceps many times, but I use them less each year.

B—, of Bale, says that the following have been his observations, and the same statement is found among the literature of different countries: "During the intermittent fever in Rome, 1691, the Jews did not suffer as severely as the Christians. In Prague, the mortality of the Jewish children was 10 per cent., that of the Christians 14 per cent. In the Mt. Sinai Hospital, of New York, we have a like report to make. The observations of Dr. B— have been that longevity of the Jews is 45 per cent., that of the Christians is 36 per cent." There must be something in the operation. There is 17 per cent. less consumption in New York among the Jews than among the Christians. I have made a careful study of this subject for the last eight or ten years, and am free to confess that I am of the opinion that all males should be circumcised as soon after birth as is found practical. The Jews,

whose custom it is to have the operation made, have a less mortality, fewer still-born, less illegitimacy, less crime, less insanity, and greater longevity than the Christians.

I will say that since beginning my paper that I have had the pleasure of reading Dr. P. C. Remondino's most excellent book on circumcision. Hoping that there may be free expression on this subject, I now submit it to your consideration.

#### PIPERAZINE IN GOUT.

Drs. Biesenthal and Schmidt (*La Semaine médicale*, No. 4, 1892) have obtained good results with this substance in gouty affections. The best manner of administering it is to dissolve one gramme (fifteen grains) in three hundred grammes (one pint) of some table mineral water, and drink it during the course of the day. Vesical calculi, when composed of urates, may be dissolved by intra-vesical injections of a 1 or 2 per cent. solution of piperazine, without irritating the mucous membrane of the bladder. A 10 per cent. solution may be injected directly into gouty swellings, or they may be covered with compresses soaked in the following:

R Piperazine, gms. 1-2 (grs. xv-xxx).  
Alcohol, gms. 20 (fl. ℥v).  
Water, gms. 80 (fl. ℥ijss).

#### HYPOSULPHITE OF SODA IN THE GRIPPE.

Dr. Ringk (*La Semaine médicale*, No. 59, 1891) asserts that the best remedy in the treatment of the grippe is the hyposulphite of soda, which, at the end of twenty-four hours, will produce a rapid retrogression of the symptoms. He employs it as a potion in the following formula:

R Hyposulphite of soda, gms. 4  
(℥j).  
Distilled water, gms. 100  
(fl. ℥ijss).  
Raspberry syrup, gms. 20  
(fl. ℥v).

A teaspoonful every one to three hours, according to the gravity of the case.

—[Pritchard.

## Translations.

### MOLIERE AND GUI PATIN:

A MEDICO-LITERARY STUDY BY  
DR. NIVELET.

TRANSLATED FROM THE FRENCH BY  
THOMAS C. MINOR, M.D.

#### CHAPTER II.—*Continued.*

##### THE ECLECTICS.

We understand by Eclectics those who at this period, while following the dogmas of Galen, also used in their practice other new ideas and remedies. It is these men whom Gui Patin abuses unceasingly by the titles of charlatans, chemists, Paracelcists and semi-dogmatics.

Before discussing their polypharmacy and antimony, the great subjects of medical controversy at that period, it is well to investigate their rule of conduct in regard to bleeding. The exaggeration Gui Patin professes on this subject, and his continual animation against the majority of his professional confrères, would lead one to believe that a large number of practitioners of his day were pronounced in their views against this powerful therapeutic method. The reader of "Gui Patin's Letters" will, however, perceive, to the contrary, that Vautier, Valot, Guenaut, etc., used bleeding within proper limits, and conformed better than even the illustrious writer himself to the precepts of Galen and Fauvel.

Let us here briefly glance at the doctrines of that day. The most common diseases, it was held, proceeded from cacochymy—that is to say, from a surcharge or engorgement of bile or pituitous—or of melancholy, which was admixed with the blood. This must needs be treated by purgation. Plethora was a preponderance of all the humors and the blood itself. It should be treated by bleeding. If the cacochymy was a billious one, it will become more violent if we remove from the bile its restraining element, that is to say, the blood which tempers its acrimony. If it is pituitous, the crudity will only be increased by bleeding; the spirit will

become depressed, and even the natural heat will often be suffocated. If it is melancholic, bleeding is still injurious, because, this disposition being cold and dry, the heat and moisture would be withdrawn by bleeding.

These five propositions furnished the foundations for the medical disputes of the period.

Diseases, said the Dogmatics, arise from corruption which exists in the blood, and consequently in the veins. It is necessary to bleed and re-bleed, up to such a time as the blood appears to be healthy. The Eclectics responded that the corruption could not be removed by bleeding, that it neither cleansed nor dirtied, neither thickened nor made viscid; that it did not dissipate obstructions. They quoted Galen, who laid down that corrupt humors must be removed by purging, vomiting or sweating. They admitted bleeding in cases of true plethora; but, in cacochymys, the more the blood was impure the less should be withdrawn. Diseases, said they, finish by taking away the life blood rather than healthy blood; for the column of veins emptied by bleeding can only be filled by drawing from the network of veins, which, in their turn, draw on the organs or seat of corruption. That which throws the most confusion on all these questions is that neither faction give precise indications of this cacochymys, and that upon this fundamental point they reciprocally contradict one another.

All their quarrels, all their disputes, might well fade before that judicious and conciliatory passage from Hippocrates. "If man," says the sage, "was made of one material diseases would be unknown to him, or, if they should come on, they could be cured by a single remedy; but, being composed of several materials—some of which heat and others that cool, some which dry and others that moisten—different diseases arise, which also require different remedies."

At that period more than any other in medical history, perhaps, they knew the art of invoking, in their desire for dispute, the names of authorities, whom they did not always respect.

To this doctrine of cacochymy, altogether Galenical, the issue itself of Hippocratism, if we add the blind gifts of empiricism and the new circumlocutions of the chemists, we have the principal foundations of the Eclecticism of the seventeenth century.

It was from this multiple source from which had previously gone forth that indigested assemblage of medicaments taken from the three kingdoms of nature, which constituted the *materia medica* of Dioscorides, commentated and enlarged by Matthioli in an enormous folio.

It would be of no interest here to give a list of the *delayants*, the *humorants*, the *warmers*, the *dryers*, the *desobstruants*, the *encrassants*, the *cholagogues*, etc.; all these classifications of drugs, based upon properties or therapeutical virtues invented by humorism, are of no value to modern science.

In order to dwell upon this subject, we shall only choose from exclusively practical works a few examples, so that one may fully understand the Eclecticism of that epoch. Let us quote from the Riviere, one of the celebrities of Montpellier, whom Gui Patin scorned:

*"Observation LVII: A continued fever in a little girl.* In the year 1632, in the month of January, the daughter of M. Darennes, aged seven years, had a continued but mild fever, which was increased in intensity at times, namely, in the evening. The fever commenced with a vomiting of ptiuity, which was, shortly afterwards, followed by a flux from the belly, also pituitous, which only lasted a day, namely, the second day of her illness. Her urine was pale and cloudy, her breath sour and stinking. I ordered her a potion of an infusion of a drachm of rhubarb with an ounce of syrup of pale roses. Before taking this medicine another physician, who had followed me, wished to prevent the remedy being used, saying that bleeding would be better. Nevertheless, the patient took my remedy, and soon after vomited it up, along with ptiuity, thick and very rotten. I ordered then that she be given that evening a clyster with half an ounce of double catholicum, which operated with the

other remedies she had taken; she had five discharges from her belly during the night, the matter being billious, pituitous and very stinking. She had little fever next morning, was entirely exempt at noon, and ended by being perfectly cured. We can easily gather from this observation how much those physicians err who believe that it is necessary to commence the cure of all continued fevers by bleeding, seeing that these fevers in infants most often arise from decayed food retained, which is perfectly evacuated by purgation. Now, the pituitary vomiting and the flux from the belly indicate the redundancy of such humors in this young girl."

We may say that the therapeutics followed by Riviere in this case would have obtained the full assent of Galen himself, and modern medicine would not disapprove the same treatment. This observation is proof that this Eclectic practitioner studied his case with care, and that, while largely favoring bleeding, he knew how to avoid the routine of the Botalists.

Gui Patin, with his fixed ideas regarding phlebotomy, was far from having such practical and judicious views. "The King," says he, in one of his letters, "has been bled three times this week for a billious diarrhoea." Here the true indication escaped Gui Patin, as well as the physicians of Louis XIV. Such repeated bleedings could only serve to injure, while a purgative would have worked marvels. The King was worse after these bleedings.

*"Observation XLII: A malignant fever with sore throat.* In the year 1623, after the siege of Montpellier, there prevailed for several months a very malignant fever, from which at least one-half of those attacked died; those where the parotids were invaded, which complication usually came on from the ninth to the eleventh day of the disease, all died. Now, I had seen several whom I could not save by my cordials, and commenced to think that these parotids were mortal because those parts were not capable of receiving all the morbid matter, which, being retained in the body, was the

cause of death, in which case it seemed necessary to aid nature; and, although the patients had rapid and weak pulses, so that they seemed in their last agonies, I bethought myself, as I before said, of a sentence in the work of Cornelius Celsus, to wit: that we could often use things in case of evident peril that we would not use at other time, and that it were better to experiment with a doubtful remedy in a few cases rather than suffer a large number of people to die. So I ordered bleeding in several cases, repeated two or three times the same day, followed the next day by purgation. Through this means all those thus treated escaped death, for not a single one died."

To-day we can say that these small repeated bleedings will aid vital action. What other explanation can be offered, the fact remains no less to the honor of the physician.

We might give here examples of the polypharmacy that the Eclectics knew how to display, especially in the treatment of chronic maladies; but it would do no good to tarnish our pages with such farcical medicine—the pharmaceutical rubbish that so ridicules medical art.

If Gui Patin inveighs against the majority of physicians of the School of Montpellier with a passion that is too often unjust, his incessant bile and choler find much justification, as the following observation witnesses:

"*Observation LXIII.* At the commencement of March, 1651, the eldest daughter of Baron Aumelas, Treasurer-General of France, had a panaris of the index finger of the left hand, which cruelly tormented her for the space of four days, so that she could not sleep at night. The pain was very violent, and I ordered her to put her finger in the ear of a cat; in two hours she was relieved and cured. She felt at intervals that her finger was being drawn into the cavity of the cat's ear, and pains shot up into her arm to the length of the humerus. In this time the cat cried aloud, making known by its meows that it suffered from the venom drawn from the panaris, for a felon is a venomous tumor. All the patient's hand was

swollen, but afterwards relaxed, except the finger, which remained inflamed but free from pain."

Here, we see, the Eclectics admitted all, believed all, and, firm in their beliefs, could only inspire the pity of positive men. Aside from these medical cases, if we seek in Riviere facts to enlighten us to his particular character, we are forced to recognize that he might merit the epithets of "long bow drawer, cheating money getter and charlatan," bestowed by Gui Patin.

Possessed of a febrifuge, which was without doubt nothing else than calomel, he multiplied in his histories of cases the cures due to his remedy; but he kept the secret of its manufacture, and controlled the profits of its sale. It was only after long delay that he decided to give mankind the art of making his remedy, and even then we can see the charlatan in the mysterious and ambiguous language he uses.

"I have not wished," says he, "to give an exact and very clear description of this remedy up to the time that its virtues should be established by a number of observations going over several years. Nevertheless, to justify the curiosity of those persons who seek the secrets of nature, I shall give a description of an obscure and lightly veiled kind, which infants in my art can explain and discover more easily by applying themselves to its discovery with assiduity. This precious medicament is composed of a triple Hercules raised to its noblest height by twelve tasks, to which is added a fourteenth athlete, who will accomplish the work. It can be given to infants in ten, twelve and fifteen grain doses, and to adults in twenty, thirty and forty grain amounts."

Are such foolish utterances worthy of a Physician to the King and *Dean of Montpellier University*?

At Paris several Court physicians, Valot and Vautier among others, founded their celebrity on certain secrets, in which they excelled in making antimony. This mercantile pretension leads Gui Patin to remark:

"These charlatans contaminate; with their chemical remedies they seek to pass for learned and skilful gentlemen,

more so than other practitioners; but they deceive themselves most often, for in place of being physicians they become poisoners. They vaunt the value of a preparation, which is imposture. Thais was in ancient times a beautiful courtesan, who strove to pass for a virtuous woman and disguised herself as best she could. Chemistry is the Thais of Medicine."

The tempestuous Dogmatic then adds, in passionate glee, that cruelly bitter epigram against Valot, occasioned by the death of Henrietta, Queen of England, *i.e.*:

Say, will a future race believe  
That the Daughter of Henry, the Great,  
She who for husband and father did grieve,  
Met like them a similar fate?  
All three were duly assassinated—  
Ravaillac, Cromwell, medical shock.  
Henry had a bayonet wound, 'tis stated,  
Charles lost his head upon a block.  
And now, poor Henrietta! Oh!  
Killed by the ignorant Valot!

Gargan, Minister of Finance, also dying in the hands of Valot, Gui Patin, with grim and malignant wit, remarks that at Court he was called nothing but *Gargantua*.

[TO BE CONTINUED.]

#### AN ANTI-NEURALGIC MIXTURE.

Dr. Hightoner (*Lo Sperimentale*, No. 1, 1892) employs the following:

℞ Bromide of ammonium,	aa	gms. 5
Salicylate of sodium,	(3j).	
Tinct. hyoscyamus,		gms. 8
(3ij).		
Water,		gms. 80
(fl. 3ijss).		
Syrup,		gms. 30
(fl. 3j).		

A teaspoonful every thirty minutes until the pain disappears, without exceeding four teaspoonfuls.

#### PRURITUS ANI.

Dr. Balfour (*Norsk Magazin for Lægevidenskaben*, No. 1, 1892) employs the following formula with success in pruritus ani:

℞ Calomel,	gms. 5 (3j¼).
Vaseline,	gms. 35 (3j).

Instead of vaseline one may use lanoline, which of itself acts well in pruritus.—[Pritchard.]

### THERAPEUTIC NOTES

FROM FRENCH, GERMAN, ITALIAN AND SCANDINAVIAN JOURNALS.

TRANSLATED BY  
F. H. PRITCHARD, M.D.,  
NORWALK, O.

#### SALICYLATE OF SODA IN DIABETES MELLITUS.

Dr. Sympson (*Wiener med. Presse*, No. 2, 1892) communicates a case of diabetes mellitus in a seventeen-year-old young man where the following was used with success:

℞ Salicylate of soda,	dgms. 6
(grs. ix).	
Tinct. of nux vomica,	gtts. 5
Infusion of gentian,	gms. 30
(fl. 3j).	

This was given every four to six hours, with the result that in eighteen days the sugar rapidly disappeared from the urine, yet on discontinuing the remedy the sugar reappeared again.

Dr. Haig, of St. Bartholomew's Hospital, treated with this remedy a woman, fifty-five years of age, with over 3 per cent. of sugar in the urine. This completely disappeared from the urine after one month's treatment with daily doses of one gramme (fifteen grains) of the salicylate of soda. In a second case of diabetes, which simultaneously suffered from rheumatism, this remedy caused the sugar to disappear from the urine, and, although the patient returned to ordinary food, the sugar did not reappear. In still another case, with 10 per cent. of sugar in the urine and symptoms of coma, treatment with salicylic acid produced a great decrease in the amount of sugar present.

#### OIL OF TURPENTINE IN PITYRIASIS VERSICOLOR AND HERPES TONSURANS.

Dr. Hericourt, of Paris, France (*Le Progrès médical*, No. 48, 1891) has used the oil of turpentine for several years with success in pityriasis versicolor and herpes tonsurans. In pityriasis versicolor one single but energetic application is generally sufficient, after properly cleansing the skin and disinfecting

the patient. In herpes tonsurans three applications are usually necessary; the disease disappears within three days. An application of oil of turpentine, which would not ordinarily redden the skin, will cause the spots affected to turn a vivid red. A thin scaly crust forms, which is cast off in the course of a few days. The oil must be applied until the skin no longer reacts or crusts are formed. Then one may be certain that the parasite is not latent. Also in pityriasis of the hairy scalp this treatment is curative, and already after the first application the crusts cease to form. This treatment is far superior to the classic measures.

#### PASTA CERATA AS A SALVE BASE IN THE TREATMENT OF WOUNDS.

Dr. C. L. Schleich (*Deutsche med. Zeitung*, No. 98, 1891) describes a salve consisting of yellow bees'-wax and water, of a creamy salve-like consistency, which easily permits the incorporation of various medicines. Iodoform easily mixes with it, and becomes entirely deodorized; it has a deodorizing action upon other substances as well. This paste is aseptic, and will keep for months unchanged in closed vessels. Exposed to the air it dries into a waxy substance, and does not decompose; as it contains no fatty substances it cannot become rancid. The writer used the salve as a protective covering for granulating wounds and ulcers and to cover approximated portions of skin in wounds; in both cases an aseptic scab was obtained. The paste is applied in a thin layer over the part to be covered, and over this is spread a layer of thin aseptic gauze; this will be found sufficient if it be pressed up against the wound. A second layer of the salve may be spread over the gauze. In burns it acts excellently; in those of the first and second degree it relieves the pains at once and leaves an agreeable sense of coolness, while in those of the third degree the iodoform paste has given the best results. The simple paste is of service in the protection of recent scars and wounds just united, fresh granula-

tions, dry eczemas, and especially as a protective in crural ulcers. Mixed with iodoform, the salve combines the advantages of a simple paste with the specific action of iodoform. It is very handy in syphilitic affections of the penis, vagina, prepuce and labia, as no complicated dressings are necessary. The writer has also combined the salve with corrosive sublimate, ichthyol and dermatol, which combinations he has used with success.

#### DERMATOL AND IODOFORM.

Dr. Glaeser (*Norsk Magazin for Lægevidenskaben*, No. 1, 1892) thinks that these drugs are not substitutes, the one for the other, but rather that they are complementary to each other. In dirty suppurating wounds iodoform is decidedly superior, while in recent aseptic and granulating wounds dermatol is to be preferred. Hence in gynecology it will be found to be of real service, where one often must content himself in merely dusting on an antiseptic without applying any dressing, as in operations for prolapsus of the uterus and plastic operations on the perineum. In rupture of the perineum dermatol will be found of great service; in the Maternity at Breslau small tears in the perineum are no longer sutured, but are merely dusted over with dermatol and allowed to heal up, and with good results. It does not irritate the skin, and is absolutely uninjurious.

#### LACTIC ACID IN GOUT AS A PROPHYLACTIC.

Dr. Beranger-Ferand (*Bulletin général de Thérapeutique*, No. 48, 1891) recommends the use of lactic acid as a prophylactic against gouty attacks, based upon his observations in twelve cases, who usually had from one to two attacks yearly. One of these patients, who every six months would have to keep his room and even his bed, had successfully used this remedy as a prophylactic regularly, and during this time he was confined to his room for a short time but twice. In a physician who suffered from gouty attacks, which

frequently repeated themselves, a daily dose of four grammes (one drachm) had an extremely favorable effect. Equal

ic acid and water are mixed  
onful of this is added to a  
etened water; two, three or  
lasses may be drunk in the  
day. After twenty days  
nt may be interrupted for  
en days and then be begun  
remedy must be taken for  
injuriously action was noticed  
ion or nutrition, even if its  
a persisted in for years.

#### LOCAL APPLICATION OF THE OIL OF TURPENTINE IN ERYSIPELAS.

Klér (*La Semaine médicale*,  
) speaks highly of the local  
of the essence of turpentine  
ment of erysipelas. This  
is based upon twenty-two  
average length of time re-  
ve days. The skin is first  
h absolute alcohol or sul-  
and then rubbed over with  
ton dipped into the essence  
ie; this is repeated every  
ours. The skin should be  
the periphery towards the  
der to prevent the dissemi-  
e germs any more than pos-  
each application the skin  
with a layer of aseptic  
over this a piece of oiled  
ed; the dressings should be  
soon as they are removed.  
lications produce a sense  
which, however, soon disap-  
two or three the patients  
perience that painful sense  
characteristic of erysipelas.

#### EMETINE IN FISSURES OF THE BREAST.

of Lyons, France (*Wiener*  
, No. 3, 1892), recommends  
aristol in the treatment of  
ne nipples. It reduces the  
ne required to heal and at  
ime greatly relieves the  
He uses the following

℞ Aristol, . . . gms. 4 (℥j).  
Vaseline, . . . gms. 20 (℥v).

After each nursing the nipple is carefully pressed between the thumb and index finger to open up each fissure and this salve is carefully applied to the nipple by means of a small brush. The exsiccating action soon sets in, the pains decrease in intensity, and the fissures heal in about four days.

#### FORMULA FOR THE ADMINISTRATION OF QUININE TO CHILDREN.

Dr. Lutz (*Gazzetta degli Ospitali*, No. 86, 1891) proposes the following:

℞ Sulphate of quinine, . . . cgms. 50  
(grs. viijss).  
Dilute sulphuric acid } cgms. 50  
(1 per cent.), } (m℥viijss).  
Essence of peppermint, . . . gtts. 5  
Saturated solution of }  
saccharine, . . . } (℥ijss).  
Water, . . . gms. 90  
(fl. ℥ij).

#### ANTISEPTIC TREATMENT OF PROFUSE DIARRHŒAS.

Dr. Broughton (*Deutsche med. Wochenschrift*, No. 1, 1892) recommends the following formula:

℞ Salicylate of bismuth, . . . gms. 10  
(℥ijss).  
Sulpho-carbonate of zinc, dgms. 2  
(grs. ij).  
Lime water, } aa . . . gms. 50  
Distilled water, } (fl. ℥jss).  
Tinct. benzoated opium, gms. 20  
(℥v).

A teaspoonful every two hours until the diarrhœa ceases.

#### EMETINE IN THE TREATMENT OF DIARRHŒAS FROM INDIGESTION.

Dr. Thompson (*La Semaine médicale*, No. 59, 1891) employs the following treatment in the management of diarrhœas due to indigestion: A purgative dose of calomel is given, the patient being directed to keep quiet and warm; a milk diet is ordered, and emetine, in doses of one-quarter of a milligramme ( $\frac{1}{250}$  of a grain) every hour, prescribed. With this treatment he has rapidly stopped the diarrhœa, and caused the nausea and anorexia to disappear.



## ECZEMA OF THE VULVA.

Dr. Lusch (*La médecine moderne*, 1891; *Le Progrès médicale*, January 2, 1892) speaks highly of the following lotion:

℞ Bicarbonate of soda, gms. 8 (3ij).  
 Bicarbonate of potash, gms. 4 (3j).  
 Neutral glycerine, gms. 6 (3jss).  
 Tincture of opium, gms. 8 (3ij).  
 Water, gms. 250 (℥i, 3viiij).

Apply mornings and evenings.

After applying dust on:

℞ Powdered starch, . . . 98 parts.  
 Powdered camphor, . . . 2 parts.

## CREASOTE IN INFLUENZA.

Dr. J. Iselin (*Correspondenzblatt für Schweizer Aerzte*, No. 24, 1891) has used creasote in numerous cases of influenza with success. The remedy must be given in doses of from one to five grammes (fifteen drops to a dram and a quarter) in order to obtain the good effects.

## LOCAL SOCIETY NOTICES.

## CINCINNATI MEDICAL SOCIETY.—

Tuesday evening, March 22, adjourned discussion on report of a case of "Hypertrophic Cirrhosis of Liver," by DR. WM. CARSON.

DR. H. W. ROVER will also report a case of "Hypertrophic Cirrhosis of Liver," with autopsy.

DR. C. R. HOLMES will report five additional "Mastoid Operations."

## PUBLISHER'S NOTICES.

THE WORLD'S COLUMBIAN EXPOSITION. —Send 50 cents to Bond & Co., 576 Rookery, Chicago, and you will receive, post paid, a four hundred page advance Guide to the Exposition, with elegant Engravings of the Grounds and Buildings, Portraits of its leading spirits, and a Map of the City of Chicago; all of the Rules governing the Exposition and Exhibitors, and all information which can be given out in advance of its opening. Also, other Engravings and printed information will be sent you as published. It will be a very valuable Book and every person should secure a copy.

J. WALTON BROWNE, B. A., M. D., M.R.C.S., L.M., 10 College Sq. N., Belfast, Ire., says: "I consider Cactina Pillets a most valuable remedy in the irritable heart of smokers."

THE CINCINNATI  
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MEDICINE AND SURGERY

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EDITORS:

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J. C. OLIVER, M.D.

L. S. COLTER, M.D.

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Cincinnati, March 19, 1892.

## Editorial.

AN INSULT TO THE MEDICAL  
PROFESSION OF OHIO.

On Wednesday, March 9, the legislature of the State of Ohio, by means of the indecent and positively discourteous manner in which they treated a bill for the purpose of regulating the practice of medicine in the State of Ohio, subjected the medical profession to indignity. A bill, which was a very moderate one, was presented for consideration, and its passage was urged by the three leading and influential schools of medicine. The only opposition to the bill came from the physio-medical school, the editors of country newspapers, the charlatans and parasites of medicine and the druggists—a queer lot of bed-fellows, but representing the truth of the adage—"birds of a feather flock together."

We are convinced that the physio-medicals helped to cut a club which will ultimately be used as a weapon

against themselves, for they have arrayed themselves with the hosts of those who are unfit for patient treatment or serious consideration. "Ephriam is joined to his idols; *let him alone.*"

The second class of opponents represent a class who, through purely mercenary motives, have constituted themselves the champions of those disreputable and despicable men who through false promises rob the poor and afflicted, upon the pretext of benefiting and curing those hopelessly ill. These editors are a very wise set of men, (in their own estimation), and have no hesitancy in assuming the right to discuss and dispose of all questions on all subjects. Their learning is entirely too widespread to be very profound. They represent the truth of the saying that "fools rush in where angels fear to tread." The *Columbus State Journal*, the *Cincinnati Commercial-Gazette* and the *Toledo Blade* joined forces with the country newspapers and did effective work in bringing about the result. When we come to seek for their motives we are forced to the conclusion that the good of the people never entered into consideration at all. They repeated the now famous statement popularly credited to the late Wm. Vanderbilt. They went on the principle that they are the natural protectors of the quacks, because they publish the fraudulent claims of these empirics, and receive a large money consideration for the same. So far as our knowledge goes we have never known of an editor who has patronized these advertising frauds, but they do assist these frauds in their laudable(?) effort of robbing the public. The only papers we know of that gave aid to the bill are the *Cincinnati Enquirer*, the *Cleveland Leader* and

the *Cincinnati Times-Star*. When physicians contemplate subscribing for a newspaper it will be well to bear these facts in mind.

So far as the third class, the quacks, are concerned, we have nothing to say, for we know that anything we could say would have no influence upon this class. They live by fraud, and honesty cannot be expected of them. They will receive their reward in that country toward which they are fast traveling. A distinguished gentleman once remarked that "quacks get rich, but they go to h—ll."

The druggists bobbed up with an amendment excepting them from the provisions of the bill. The cool impudence exhibited by this class was quite refreshing. One would really have supposed that all druggists had, as a side-issue, made a thorough and exhaustive study of medicine, and were therefore entitled to practice medicine and dispense medicines at their own volition. We believe that nine-tenths of the druggists do prescribe for and treat diseased persons, but what excuse have they to offer for a course that is illegal and unjust? None whatever. The proper plan for physicians to pursue would be to dispense their own drugs. The manufacturing chemists now prepare drugs in such forms that they occupy but little space, and can be dispensed with a minimum of trouble. The dispensing by physicians of their own drugs should receive very serious consideration from the medical press and societies of the country.

Finally we come to the *manner* in which the bill was considered(?) by the legislature. They treated the matter as a screaming farce; not one moment was devoted to a consideration of the merits of the bill, but the legislators(?) took the medical profession of Ohio for

their plaything. Mr. Price, of Hocking County, began the onslaught which soon became general, so much so that we were convinced that we had, by mistake, gotten among the inmates of one of the asylums which are located to the west of Columbus. (For the benefit of our readers we state that the imbecile and insane asylums are located in the direction above referred to.)

The men who were leaders in this comic charge against honesty and decency among practitioners of medicine have thereby constituted themselves the champions of abortionists—ignorant and vicious men, who, under the cloak of doctor, obtain money under false pretenses—and of incompetent and disease-spreading midwives.

For the sake of enlightenment we herewith present the names of those funny (?) men who have violated the trust reposed in them by their constituents: Price, of Hocking County; Doty, of Cleveland; James, of Wood County; Ely, of Fulton County; Baird, of Ashland, and some minor offenders. As a resent to the insult offered, the physicians of our State should see to it that not one of these men are ever returned to the Legislature from the counties they represent. They have proven unfit for the position, and should be allowed time to repent of their folly.

Next week, if possible, we propose to give an outline of what the profession must do if it ever expects to accomplish aught in the way of a medical practice act. In the meantime let us all impress upon our Representatives that we have been insulted, humiliated, and degraded, and that we demand reparation for the same.

**YEARLY subscription to the LANCET CLINIC \$3.00 if paid in advance.**

#### AN EXTRAORDINARY INFINITESIMAL DILUTION.

The following somewhat startling bit of information regarding miraculous cures, resembling somewhat those of the dark ages, from infinitesimal treatment, may not be without interest to our readers, and will serve to give them some idea of scientific therapeutics as we are assured is practiced in Cincinnati and elsewhere in this enlightened age.

T. P. Crutcher, M.D., in an article contributed to the March number of the *Nashville Journal of Medicine and Surgery*, quotes from a paper read by Dr. Gentry before the American Institute of Homeopathy, in June, 1890, and printed in the *North American Journal of Homeopathy*, in August, following. He credits Dr. Gentry with the following statement:

"There is in my medicine case a one-ounce vial, which I purchased in 1873, filled with what was claimed to be at that time the sixth centesimal dilution lachacies, or snake poison, and I have been using the same constantly in my practice since. Many times, by use and evaporation through and around the cork, the remedy has been reduced to one-third of what was in the bottle at first, and whenever it has become so reduced I have filled it with alcohol, shook it, and prescribed it again and again. I have proven the remedy, and shall treasure it in the future as one of the most valuable remedies which I possess. I have many other remedies which I have used in the same way for the past eleven years. Indeed, for ten years I have never purchased a remedy in dilution but once, and when a remedy gets low by use or evaporation, it is refilled with alcohol, and on this account I do not know the potency of any of my drugs. . . . There could not, by any means possible, be any of the original poison of the snake in the alcohol which is added from time to time, but that which was left

in the residue or oft-reduced bottle was only the genius or spirit which Nature gave the snake to make it just what it was, and that was a spirit with power to heal."

Dr. Gentry advances the doctrine that the spirit of mineral, plant, or reptile, is left for the healing of man, and may be bottled up, retained and used, and no matter how long it is kept, it retains power to heal (provided the bottle is kept corked and the spirit is not allowed to escape).

Dr. Crutcher claims to have been told by men of undoubted veracity that the dried scales of small-pox, syphilis, horse-glanders, and other loathsome diseases, are kept in the apothecaries for just such use, and that in Cincinnati, New York, and other large cities just such stock is kept in store for the homeopathic physicians of this enlightened land.

We have never believed that there was anything very scientific in the method of the application of agents for the cure of disease as practiced by the homeopathic school of physicians, but we are hardly prepared to believe that the quotation from the paper of Dr. Gentry voices the belief of homeopaths in general, or that any such doctrines are taught in their schools. It seems to us that the scientific advancement of the world has reached too far to make it possible for any intelligent class of men to cling to dogmas so utterly devoid of scientific basis. We hope that our homeopathic brethren, many of whom we know to be well educated and in many respects scientific men, have more common sense than the writer of the article referred to is inclined to give them credit for.

---

SUBSCRIPTIONS to LANCET-CLINIC may commence at any date.

#### EDITORIAL NOTES.

WE take pleasure in announcing that Dr. William Judkins will not be compelled to part with twenty thousand of his hard-earned dollars, because the jury in the suit against him was considerate enough to disagree. Doctor Judkins is now open to congratulations. It is not likely that the case will ever be called again.

---

THE *Corpuscle* is the name of a new journal which is edited by the students of Rush Medical College. We are informed, in the prospectus, that this is the first journal that has ever appeared in which the students of a medical college have acted as editors. The journal presents a very good appearance, and we wish it a large measure of success.

---

Is it not remarkable how much influence the quacks of this State have over the representatives of the people in the Legislature of Ohio? They never lack for earnest, even enthusiastic, champions.

---

THE editors are pained to learn of the serious illness of Dr. E. S. McKee, but hope soon to be able to announce that he is on the high road to recovery.

---

DOCTOR! are you not of the opinion that the telephone rates to physicians are a *little* too high?

---

CINCINNATI will be honored by having the State Medical Society meet here in the early part of May. The programme is an excellent one, and everything points to a very large attendance from all over the State. This, of course, means that we must bestir ourselves in the matter of raising money to defray the necessary expenses. Our

city has always enjoyed an enviable reputation for hospitality, and when we undertake to do anything we do it well. We confidently prophesy that this meeting will be no exception. Those of the profession who can should contribute liberally and insure success.

#### PUBLISHER'S NOTICES.

ANENT Armour's digestive ferments, advertised in our pages, the *British and Colonial Druggist* has the following in its editorial columns:

To those who can recall the interest which attended the first introduction of crude pepsin, early in the 60s, and who can remember the unsightly, evil smelling, and often almost inert body which was wont to be employed those days, and which was generally nothing more than the dried scrapings of the stomach, such as is, unfortunately, still official in the Pharmacopœia, the elegance and activity of the preparations now under notice will appear little short of marvelous. We have, for the sake of comparison, tested the various forms of Messrs. Armour's pepsin, side by side with various other brands of powdered pepsin, employing for comparison the official test of the B. P. We expected to find that the American brand would exceed in activity the official requirements, but we were surprised to note the superiority of this brand over those from other sources. As a rule we are strictly loyal to the B. P., but in the matter of pepsin we should certainly not advise the pharmacist to use the official article unless at the express direction of the physician, so far does it fall below the activity of the Armour brand. Similarly we find the scale pepsin produces a perfect pepsin wine, the disintegrating power of which, as shown on a piece of lean meat, is quite surprising. This scale pepsin has the further advantage of being perfectly soluble. In addition to pepsin in the form of scale and powder, a very active glycerole is also prepared, 10 minims of which are equivalent to 1 grain of active pepsin; and, for convenience in traveling, etc., the firm also furnish well-made tablets, each containing 3 grains of active pepsin. Equally important and active as the pepsin bodies are the various preparations of pancreatin which the same makers supply.

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**SAMPLES** of Sander & Sons' Eucalypti Extract (Eucalyptol), gratis, through Dr. Sander, Dillon, Iowa. Eucalyptol stands foremost as a disinfectant, is a perfect check to inflammatory action, and invaluable in zymotic diseases. Meyer Bros. Drug Co., St. Louis, Mo. Sole Agts.

## Bibliography.

### MEDICAL LITERATURE REVIEWED TO DATE.

#### THE DISEASES OF THE MOUTH IN CHILDREN (Non-Surgical).

By F. FORCHHEIMER, M.D., Professor of Physiology and Clinical Diseases of Children, Medical College of Ohio. Philadelphia: J. B. Lippincott Company. 1892.

The medical profession is certainly greatly indebted to Dr. Forchheimer for the labor he has expended in bringing together in a systematic classification the facts in connection with diseases of the mouth in children, the first and only work of its kind in the English language.

The contents of this book were first published in a series of articles, contributed by Dr. Forchheimer, in the *Archives of Pediatrics*, and which he has since revised, making some additions. For years the author has been collecting clinical material for this work, and he has not only brought together the opinions of various prominent writers on this subject, but also added many valuable facts obtained from his own large clinical experience.

#### BROCHURES RECEIVED.

Transactions of the American Surgical Association, Vol. IX, 1891.

Official Transactions of the National Association of Railway Surgeons, 1891.

Annual Reports of the State Board of Health of Pennsylvania for the years 1889, and 1892.

A Possible Source of Disease. By C. A. Merz, M.D., Sandusky, O. Reprint from *Columbus Medical Journal*.

Apparatus for Collecting Water for Bacteriological Examination. By Samuel G. Dixon, M.D. Reprinted from the *Times and Register*.

What Can Be Done In Cerebral Surgery? By Emory Lamphear, M.D., Ph.D. Reprint from the *American Journal of Surgery and Gynecology*.

## Selections.

### FROM CURRENT MEDICAL LITERATURE.

#### ABDOMINAL NEPHRECTOMY FOR HYDRONEPHROSIS.

J. Wishart, M.D., F.R.C.S., Edin., M.R.C.S., Eng., in the *Canadian Practitioner* of January 16, 1892, reports two cases of the above, with operation. He remarks as follows:

There can be no doubt that the past years have been progressive ones in abdominal surgery; nevertheless most practitioners who have attempted any operating in this region will have felt on many occasions, not only lack of precision in diagnosis, but grave difficulties arising during the operative procedures that become necessary in most of these cases. In studying the operative surgery of the kidney, it is interesting to observe that while fifteen or twenty years ago a large proportion of the operations were performed after an error in diagnosis, during the last few years a correct diagnosis before operation has been the rule, although many exceptions are to be noted. The difficulty, it would appear, is increased in cases of great enlargement of the organ where the patient, when seen for the first time, presents a tumor filling the whole abdomen. In the two cases of advanced hydronephrosis that I am now about to report, the making of a correct diagnosis appears to me to be singularly difficult. This is owing chiefly to the size of the tumor and the great similarity in each to ovarian cyst. In both cases I have to admit an error in diagnosis, and in both I commenced operation on this wrong opinion. Whether a second error was committed in treatment I leave to the judgment of the Association, as there is diversity of opinion in the profession as to the operation to be performed in hydronephrosis.

*Case I.*—Mrs. P., aged thirty-one, married six years and the mother of two children. Residence, Thamesford, in county of Middlesex, but a native of England. Parents living and healthy;

no family history of ill-health or hereditary disease. Patient below the average in height and weight, and of pale complexion. She gives a history of fair health in childhood, but during the past fifteen years has suffered from pain in the right side beneath the liver, and before coming to Canada she attended the out-patient department of St. Bartholomew's Hospital, but got no relief from treatment. About the first week of May, 1889, she discovered an enlargement in the abdomen, which steadily increased in size.

On the 18th of June, five weeks after this, she was admitted into St. Joseph's Hospital, and presented a letter from her family physician, Dr. McWilliams, who examined her and made the diagnosis of ovarian cyst. There was dullness in the median line, fluctuation and resonance in the flanks. The measurement, greatest below the umbilicus; distance from umbilicus to iliac spines equal on the two sides. The tumor occupied all the abdomen from the pubes to the sternum, but the patient said she thought it was more to the right side at first; no tumor could be felt in the pelvis. Examination of the heart, lungs and liver, negative; catamenia, regular. Uterus normal in size, and movable. Specific gravity of urine, 1028; no albumen or sugar.

The patient was carefully examined by Drs. Moore, Macarthur and Waugh, and the diagnosis of Dr. McWilliams confirmed. I wrote him saying the disease appeared to be ovarian, but the tumor seemed to me to be a little higher up than other cases I had operated upon.

On June 20 chloroform was given and an incision made in the median line and an enormous cyst of the right kidney discovered, which, fortunately, had no adhesions to surrounding parts. The incision was enlarged upwards, the intestine drawn towards the left side, the peritoneum divided over the tumor, and enucleation commenced. The ureter was tied and cut off. There was much difficulty experienced in securing the vessels and separating the upper end of the tumor from surrounding parts. At this point in the operation the cyst burst, and considerable

fluid escaped into the abdomen. This had a peculiar urinous odor, but was quite clear. The abdomen was sponged out with warm water, the edges of the peritoneum adjusted over the raw surface, and the wound stitched up in the usual manner with silk. No drainage-tube was used, and the sublimate gauze and dressing was secured with plaster and a binder of flannel. All went well for the first week; the sutures were removed on the eighth day and the wound found united. The highest temperature recorded up to this time was  $101\frac{1}{4}^{\circ}$  F.

On the tenth day the temperature reached  $103^{\circ}$ , later on  $104\frac{1}{4}^{\circ}$ , with occasional chills and delirium at night, hay odor of the breath, and for almost three weeks her life was in considerable danger. On the twenty-first day, fearing that an abscess had formed, I passed the aspirator needle beneath the twelfth rib into the abdomen, but nothing came through. After this recovery was slow, but continuous, and the patient was able to leave the hospital on the 1st of September and attend to her duties.

*Case II.*—Mrs. T., aged forty-three, a widow, and mother of seven children. Residence, Goderich. Admitted to St. Joseph's Hospital, July 11, 1889, and gave the following history: She always had good health and led an active life; never was confined to her bed except during her confinements. Six months ago the abdomen commenced to enlarge, and this had continued to the time of admission. There never had been any pain, but the tumor now began to cause discomfort from its size.

Two physicians in Goderich had made an examination, she informed us, and both had recommended operation. The abdomen showed a large fluctuating tumor extending from the pubes to the ribs, dull in the median line, resonant in the loins; measurement greatest below umbilicus. No tumor could be felt in the pelvis. Examination of the heart, lungs and liver, negative; uterus movable, and normal in size; catamenia, regular.

The tumor was much larger than in the case just related. The patient was well nourished and rather stout in

figure. Drs. Woodruff, Waugh, and Macarthur were called in consultation, and, as the last case of mistaken diagnosis was still in the hospital, a very careful examination was made in order particularly to exclude hydronephrosis. The diagnosis of ovarian cyst was made and an operation recommended. Specific gravity of urine, 1030. No albumen or sugar.

On the 13th of July chloroform was given and the usual incision made in the median line. The opening revealed an enormous cyst of the left kidney, filling the whole abdomen. The peritoneum over this was incised and the tumor enucleated, the ureter cut off and tied, and the renal vessels secured with silk ligature. The operation, as in the last case, was difficult, and the wall of the cyst gave way notwithstanding all my care. The clear fluid escaped, much of it getting into the abdominal cavity. Warm water was poured into the abdomen and the peritoneum adjusted over the bed of the tumor. There were no adhesions, but the bleeding was considerable and difficult to control. The patient had no bad symptoms; the silk-worm gut sutures were removed on the eighth day and the wound found healed. On the tenth day the temperature ran up to  $103^{\circ}$  F., the pulse quickened, the tongue became coated, and the abdomen swelled. These symptoms continued, the temperature varying somewhat, but always being above normal. This was followed by a discharge from the vagina, described by the sister in charge as composed of blood and pus, and very offensive. Injections of carbolyzed water were ordered twice a day, and nothing more was heard of this symptom.

After this, improvement took place slowly, and the patient had completely recovered by September 10, when she left the city for her home.

In the early stage, before an abdominal tumor is noticeable, hydronephrosis has to be diagnosed from renal abscess, perinephritic abscess, and extravasation of blood. When of small size it may be mistaken for hydatid or serous cyst of the liver or spleen. Between hydro-nephrotic and pyonephrotic tumors the diagnosis is sometimes impossible. In

some cases of the latter disease, however, pus appears in the urine. The treatment being similar in the last two, an error in diagnosis would not endanger the life of the patient, and no doubt, in many cases, suppuration is set up from accident, so that pyonephrosis is simply an advanced stage of hydronephrosis. The greatest difficulty is experienced in excluding ovarian cyst, and my object in this paper is to show that this is almost impossible. I mean in advanced cases where the cyst fills the abdominal cavity, as in the two last operations reported. In the first we have a history of pain in the side and an enlargement commencing, the patient tells us, in the lower part of the abdomen, a little to the right side. This enlarges in the short space of four or five weeks until it fills the abdomen. The measurement is greater below the umbilicus, and the distance from this point to the iliac spines is equal on the two sides. There is fluctuation, dullness on percussion in the median line, and resonance in the flanks. Examination by the sound shows a healthy and movable uterus. In the first case, the smaller of the two, the tumor appeared to me to be just a little higher than the average ovarian cyst, but this was accounted for by an elongated pedicle. The absence of the cyst by a vaginal examination is explained in the same manner. The rapidity of growth, the size, and absence of urinary symptoms, together with the healthy condition of the urine, point to ovarian tumor, and negatives, we might also, hydronephrosis. I cannot think that the mistake in diagnosis is due to carelessness. The first case had been examined by Dr. McWilliams, who sent her to me; then by three other physicians of experience and reputation, who all came to the same conclusion. The plea of carelessness certainly cannot be argued in the second case. This one came into the hospital while the first was in bed and not yet recovered from the operation. She was examined by two of the consultants called in the previous case. I mentioned to them to be sure and exclude hydronephrosis this time, and the ex-

amination was made with the probability of cyst of the kidney constantly in view and the diagnosis of ovarian tumor made. In this case the history of an enlargement of six months' duration, giving rise at first to no symptoms, and later on only those of pressure; measurements alike from umbilicus to iliac spines, girth greatest below umbilicus, fluctuation distinct, dullness in the median line, and resonance in the flanks; uterus movable, normal in size, and healthy; tumor filling the whole abdomen from the pubes to the ribs, and reaching to the same position on the two sides. I find from reading that there are at least fifteen cases on record in which hydronephrosis or simple renal cyst have been mistaken for ovarian tumors and laparotomy performed on the erroneous diagnosis. Out of the twelve cases in women collected by Morris, no less than seven of these were diagnosed as ovarian, and three of the seven were submitted to abdominal section on the strength of this wrong opinion. From a study of the literature of this subject and my experience of these two cases, I arrive at the conclusion that a diagnosis between advanced hydronephrosis and ovarian cyst is, to the average practitioner, an impossibility. If I am correct in taking this view, it has an important bearing on the subject of treatment, for the question the surgeon has to answer is not what is the best treatment for hydronephrosis, but, the abdomen having been opened on the supposition that an ovarian tumor exists, and a cyst of the kidney discovered, what are we to do? Shall we close the abdomen and call it an exploratory incision, or cannot we stitch up the wound after opening the cyst and drain from the loin? Can we perform nephrectomy by enucleating the tumor? I must confess that I am not partial to exploratory incisions for diagnostic purposes in private cases. My patients call them operations. The friends imagine a mistake has been made, and say they do not want to be cut open to satisfy the curiosity of the doctor. I am of opinion, therefore, that something should be done to get



rid of the disease. If the distension increases, death will result from the effects of pressure on neighboring organs, from rupture into the peritoneum, or suppression of urine or uræmia. I might here revert to the views of different operators in the treatment of hydronephrosis in general.

"Puncture," writes Knowsley Thornton, "may also be tried as a means of treatment, though I believe there is no good evidence that cures are often affected by it. It should be performed by the aspirator, the needle being introduced far back in the loin to avoid risk of puncturing the colon, peritoneum, or allowing extravasation of urine into the cavity of the latter. If relief follows, it may be repeated from time to time; but if the fluid reaccumulates, some more radical operation must be undertaken. I have completely failed in two cases with incision and drainage, and I believe that nephrectomy is the proper treatment in all cases which do not improve after one or two tapplings." Mr. Morris writes thus of drainage: "This practice has been very successful, and ought certainly to be adopted when aspiration fails and before nephrectomy is dreamt of. In a few cases a complete cure will be affected and the wound will quite close. In the majority, however, a fistula must be expected, but this gives very little inconvenience to a person of ordinary intelligence and patience." Barker writes that "free drainage for hydronephrosis is not much more successful than aspiration, and not devoid of risk. Of course a large sac will be in a better position to contract if freely and continuously drained than if occasionally emptied, but time is consumed in the process of drainage, the necessity often lasting for months for constantly changing the wet dressings; again, there is always the risk of suppuration in the sack, with subsequent septic infection." Mr. Barker therefore favors early nephrectomy. Jacobson recommends that "in healthy patients nephrectomy should be had recourse to after two months' trial of drainage, providing the other kidney be healthy."

Spencer Wells, in his work on abdominal tumors, records the case of a woman, æt. forty-three, who was operated upon at the Samaritan Hospital for supposed ovarian tumor, and an enormous renal cyst found. This was tapped, but no attempt at removal was made. The wound was closed, and the patient died thirty hours after operation. The authors quoted are evidently discussing the treatment of hydronephrosis in the early stages, when a diagnosis is possible, and when we are able to say not only that a cyst of the kidney exists, but likewise the side of the body it is on. In the class of cases under consideration, we approach the subject from a very different standpoint. We are expecting to find an ovarian tumor, and an incision has been made in the median line at least four inches long; preparation has been made for an operation and the patient has gone under chloroform with the understanding, no doubt, that she will be rid of her disease.

Under these circumstances, two operations might suggest themselves to the operator: Nephrectomy, by somewhat enlarging the incision, and at the same time making an examination of the other kidney to insure its soundness, or drainage by incision in the loin. It might be well for the operator to consider the age and general condition of his patient in weighing the merits of the two operations and deciding which to perform. The immediate danger of nephrectomy is much greater than after ovariectomy, and is certainly much more to be dreaded than tapping from the loin and stitching up the abdominal wound. In one case, however, the disease is removed, the patient rid of the useless organ, and recovery is complete. In the other, a cyst is being drained which is larger than the patient's head; there is little prospect of a complete cure. At best there remains a fistulous opening, the patient requires to wear a urinal, there is always the danger of suppuration being set up and septic infection following, and the danger of lardaceous disease from the former is not to be lost sight of. In either case we must

constantly bear in mind the fact that the patient has only one kidney, which renders any operation more dangerous to life.

On looking up the literature of hydronephrosis, I find that about one-third of the cases are congenital. The affection is due to obstruction somewhere between the kidney and meatus urinarius. It is most commonly situated in the ureter. Among the causes mentioned are twists or contractions of the ureter, impacted calculus, stricture of the urethra, enlarged prostate, tumors of the ovary, bladder, or uterus. Of thirty-two cases recorded by Roberts, the cause was found to be impacted calculus in the ureter in eleven. From the records of post-mortems in the Middlesex Hospital, it appears that in every eighteenth case there was sufficient hydronephrosis in one or both kidneys to be mentioned in the report.

Although the disease is quite common, the proportion of cases in which the enlargement of the organ is sufficient to form an abdominal tumor is very small. The fluid is usually clear, and almost odorless, but there are many exceptions to this rule. The disease is twice as frequent in females as males, occurs at any period of life, and affects each kidney about equally, but may occur in both. The quantity of fluid is sometimes enormous. One case is reported where the woman measured six feet four inches around the abdomen and the cyst contained thirty gallons. The enlargement may lessen in size or intermit from escape of the fluid into the bladder.

Morris says: "Up to the present time there have been at least twenty-seven nephrectomies for hydronephrosis, of which sixteen were abdominal, and ten lumbar. Of the sixteen abdominal cases seven recovered, and of the ten lumbar cases seven recovered. In one the character of the operation is not stated, four of the fatal cases were diagnosed ovarian, and three of the successful abdominal cases are also diagnosed ovarian or broad ligament cysts." It would appear, therefore, from reading this author, that up to the present time abdominal nephrectomy has been more

fatal than lumbar. We must recollect, however, that most of the abdominal cases were ones of mistaken diagnosis. In fact, cases supposed to be ovarian, and therefore advanced cases, were removed at a time when any operation, abdominal or lumbar, would have been hazardous.

I am firmly of the opinion, however, that in those cases where a large tumor fills the abdomen, the lumbar operation cannot be entertained, as it is difficult or impossible to say which kidney is the diseased one, and the cyst is too large for this plan of operation.

In closing this very imperfect survey of the subject of hydronephrosis, I would beg leave to submit the following conclusions:

1. That in a large proportion of cases of advanced hydronephrosis, where the tumor fills the abdomen, it is impossible for the average operator to say whether he has a cyst of the kidney or an ovarian tumor.

2. That, supposing hydronephrosis is suspected, it is not possible to say which kidney is the diseased one.

3. The last two propositions being admitted, it follows that, in all these advanced cases, incisions in the loin and drainage cannot be advocated, as the surgeon is unable to say which side to incise.

4. In view of these difficulties in diagnosis, it would seem preferable to make incision in the linea alba and complete the diagnosis with the hand. If the case be a cyst of the kidney, carry the incision upward and complete the operation by enucleating the tumor.

5. This operation is suitable alike for cases of hydro- or pyonephrosis, the danger of course being greater in the first.

6. That abdominal nephrectomy by the median incision is a difficult operation owing to the high position of the tumor, the close relations of the aorta and vena cava, the large size of the renal vessels, and the fact that the tumor is behind both layers of peritoneum.

7. If a correct diagnosis could be made, I am of the opinion that abdominal nephrectomy by incision about

the linea semi-lunaris is the best operation for the class of cases under consideration, but I do not think it possible to remove such large cysts by incision in the loin.

8. In the case of a weak patient, or one advanced in years, supposing the abdomen to have been opened, it might be the safer procedure to open the cyst and drain from the loin. This operation is safer than nephrectomy, but it usually leaves a permanent fistula.

9. In view of the symptoms observed in the two cases reported, I think it would be advisable in completing the operation of abdominal nephrectomy to secure drainage by making an opening in the loin.

#### ON THE SURGICAL TREATMENT OF TUBERCULOUS CERVICAL GLANDS.

Edmund Owen, F.R.C.S., in the *Practitioner*, November, 1891, says:

Considerable time is usually wasted with iodine, poultices, and trips to the seaside. When a gland has once broken down an operation of some kind is inevitable. Too often nature is allowed to be the operator. The reason that glandular abscesses in the neck are so often allowed to run their prolonged and unsatisfactory course is the practitioner's dread of alarming the parents by proposing an operation which will demand the administration of chloroform, the infliction of a wound, and the methodical scraping of deeply lying parts. Further, he knows that there must result a permanent scar; but experience shows beyond a doubt that the scar left by a clean and thorough operation is much less conspicuous than that which follows the plan of "leaving things to nature," or of adopting a half-hearted policy.

If the glandular affection is not far advanced the operation may be extremely simple. The surface of the neck is rendered aseptic, chloroform administered, the dusky and unhealthy skin cut away, and the gland capsule thoroughly scraped out with a sharp spoon. There are no sinuses to be laid open, or neighboring compromised

glands to be weeded out. The wound is therefore vigorously swabbed with a little mercuric wool and dusted with boracic acid, a strip of protection is laid over the opening (to prevent the dressing sticking), the neck is firmly bandaged over absorbent dressings, and the head laid flat and steady between two large sand-pillows. The cavity fills up by granulations; these are in due course converted into pink and then white scar-tissue, which, undergoing inevitable contraction, eventually leaves the child with a scar so small as to be scarcely noticeable. But, unfortunately, only a small percentage of cases are of this simple character. They have been allowed to drift on till some effectual operation is clearly inevitable. It is of little use advising operation in a case unless the surgeon is determined to deal radically with every implicated gland and sinus. He must secure a skilled assistant, as well as a skilled anæsthetist. In giving chloroform it is always necessary to watch the pulse as well as the respiration. It is more than possible that the sudden syncope of two children during this operation may have been owing to the serious disturbances to which the larger vessels and nerves beneath the base of the skull were necessarily subjected during the removal by enucleation or scraping of adherent masses of gland. In a deep and extensive operation in the neck there is no structure which gives the surgeon so much anxiety as the internal jugular vein. In most cases some enlarged gland is found lying close against it, and in not a few cases the capsule is intimately adherent to it. Sometimes, on the conclusion of an operation, upwards of an inch of the naked vein may be seen in the depths of the wound. In one of my recent operations, on gently drawing a hard mass of gland toward the surface, we found that the vein was being dragged up with it, and running the greatest risk of injury. It is quite extraordinary to note the number and importance of structures which are often laid bare in the depths of the wound—muscles, vessels, and nerves. But the internal jugular vein is the only one which causes

real anxiety—it is thin-walled and easily lacerated, deriving almost no protection from a sheath. On one occasion, the diseased gland was so adherent to the vein that a wound of the vessel was unavoidable. Two ligatures were applied, and the vein divided between them.

In attempting to isolate the internal jugular vein preparatory to ligature, the close proximity of the vagus, the sympathetic, and other nerves must be remembered, as also that of the internal carotid artery. Blindly to thrust down the catch forceps in the region from which dark blood is welling up with alarming rapidity would be rash and unsurgical. The hemorrhage must be provisionally controlled by prompt and firm pressure beneath the mastoid process, and then the vessel must be thoroughly exposed, the sterno-mastoid being cut across if need be. It is highly expedient, therefore, that the surgeon be not destitute of competent assistance; he must not depend for help upon the anæsthetist, for that individual may find that he has already quite as much as he can manage with safety.

If a considerable amount of diseased skin has had to be cut away, or if a layer of friable tuberculous cicatrix has needed removal by the sharp spoon, no attempt should be made to close the wound. A clear course having been made by the sharp spoon down to the depths of the diseased area, drainage will take place without special provision being made for it. But if there has been only a slight sacrifice of skin, and the surgeon thinks himself justified in attempting to secure primary union, it is better to leave in a slender piece of drainage tube, or a small strand of horse hair. There is sure to be considerable exudation following the scraping, and unless the fluid escapes freely into the dressings, it is apt to cause tension, pain, and disappointment. A scraping operation is very different from a clean incision through healthy tissues, and often there is a considerable amount of discharge for a week or more.

When a new operation is introduced, it takes some time to settle down to its true value and proper place. Too

much is expected of it. Too much is promised for it. The last note, therefore, in connection with the radical treatment of tuberculous glands is one of caution. It is in every respect a most excellent operation. In some cases its success proves greater than could have been expected, but in others it proves, in the first attempt, somewhat disappointing. Experience has not yet indicated exactly what class of cases are likely to need a second clearing, but it has abundantly shown that the chief element in begetting disappointment is delay in subjecting the child to the ordeal. Another element is the paving of the way to the operation with solid promises of immediate and complete relief. The wise surgeon promises no more than he can assuredly perform, and, following the advice of a mighty statesman, he never prophesies unless he knows.—*Epitome of Medicine*, January, 1892.

#### INJECTION OF THE ERYSIPELAS ALBUMOSE IN DIPHTHERIA.

G. Bannatyne (*Glasgow Med. Jour.*, September, 1891) describes how, by a study of a number of reported cases, and by observation of the apparent curative effect of an attack of erysipelas on some "malignant diseases of the external surface," he was led to hope that in the streptococcus erysipelatis might be found a microbe capable of combating the effects of the diphtheria bacillus. To test this he isolated from diphtheritic membrane the Klebs-Löffler bacillus, proving its toxicity on guinea-pigs, and recovering it readily from the local lesions, but not from the blood. Next he obtained the streptococcus erysipelatis from a piece of skin from a patient with erysipelas, by cultivation on blood serum.

His latter microbe grew freely on the surface at room temperature, and produced characteristic results in rabbits and guinea-pigs. The next step was to inject the two microbes either separately or together into the same animal; the author found that animals so treated did not die, and only suffered a temporary illness.

Hoping, then, to obtain equally good results by the use of the products alone of the streptococcus, he set to work to isolate these. By a complicated method of evaporation, extraction with alcohol, removal of inorganic salts by precipitation with lead acetate, and final precipitation of organic bases with mercuric chloride, he was able to obtain a substance giving the reactions of a ptomaine. This body gave rise in rabbits to rise of temperature, general uneasiness, vomiting, purging, salivation, dyspnoea, paralysis and death. It was effectual as a prophylactic neither against erysipelas nor against diphtheria.

He then sought by the method described by Hankin for isolating albumoses from anthrax cultures, to obtain similar bodies from cultures of the streptococcus erysipelatis in 0.1 per cent. of Liebig's extract with fibrin. In this he appears to have been successful, isolating a substance which in the majority of cases afforded (1) protection against subsequent inoculation with diphtheria, (2) protection even when injected after diphtheria had developed in an animal, (3) a certain amount of immunity against diphtheria, lasting even some time after the injection.

The author confesses that his experiments are not nearly numerous enough to be conclusive.—*British Med. Journal*.

#### ON BONY DEPOSITS IN THE SKIN.

F. F. White (*Birmingham Med. Jour.*, November 8, 1891) says: The patient, a man sixty-five years old, was injured in a railway accident by escaping steam, having the skin of his legs almost entirely destroyed. Recovery was for a long time considered hopeless, and the process of healing occupied five years. The bone plates did not make their appearance until long after. A quarter of a century elapsed in which the cicatrices had time to wear out, as Erichsen terms it, and to all appearance the cicatrices have worn out, the new skin being generally movable over the underlying structures.

During the last twenty years the development of bony masses in the deeper layers of the skin has been steadily going on. At one time a bony mass encircled the left leg like a garter. A large plate formed in each calf, and in front of the knee joint there is hardly a square inch of skin that has not been invaded by the calcifying process. From time to time removal of these plates has become necessary on account of irritation which sometimes gave rise to an acute dermatitis, more often to a sloughing ulcer. Patches of ichthyosis have gradually formed below the knees. This disease is said to be invariably associated with an excess of lime salts in the skin, but this case is an exception to the rule.

The bone plates form part of the tissues in which they lie, and appear to have originated in an actual transformation of those tissues. They can only be separated after a careful dissection. Viewed with the naked eye they present all the characteristic features of true bone, but under the microscope one has not been able to discover any typical Haversian system. One sees instead a series of glistening homogeneous lamellæ without apparently any special arrangement of cells or vessels. On the other hand, there are none of the usual appearances of granular degeneration.

It is believed that in such cases there exists some impediment to the superficial circulation. In general terms it is probable that the connective tissue may be an important factor in the process of calcification. The writer is of the opinion that failure of nutrition is not a satisfactory explanation of the calcifying process. It is not indeed any explanation, but as the conditions are sometimes associated, they have been often described as those of cause and effect. But calcification is more often a process of development, when failure of nutrition as a causative agent is out of the question. In regard to the bone plates—the subject of this paper—it may be submitted that they result from the simultaneous action of the processes of deposition and incorporation, the least soluble salts of the nutritive fluids

being left by a particularly sluggish current to become subject to the selective activity of the connective-tissue cell.—*Epitome of Medicine.*

#### THE PROPER METHOD OF APPLYING OBSTETRIC FORCEPS.

Dr. Henry D. Fry urges, as the only rational method, the application of the forceps to the sides of the head of the child without reference to its position in the pelvis. He refers to a former paper in which it was stated that fifty-one per cent. of prominent obstetricians followed this rule, while thirty-five per cent. applied the blades in transverse diameter of the mother's pelvis without reference to the position of the head, and eleven per cent. observed no rule and followed either method. He admits that had the great body of the profession been consulted, the majority would be found to apply the forceps according to the German method, and also that in some cases it may be and is impossible to do otherwise. Certainly the difficulties of application are increased when the first method is chosen, and it would be better for a beginner to resort to the second until some facility is acquired. In France it is the practice to apply the forceps to the sides of the head even when transverse at the brim, and the ideal method of extraction is to apply the instruments in such a manner that during traction the fetal head is free to execute all the movements that would occur were the labor normal. To accomplish this it is necessary: (1) To grasp the sides of the head with the blades; (2) to secure mobility of the head during its passage by the use of Tarnier forceps. The Hodge style of forceps should not be used when their application is made without reference to the child's head, and the Simpson style (Elliot) should not be used when their application is to be made to the sides of the head.

Dr. Fry's conclusions are:

1. Anæsthetize the patient and place her in proper position—back well over the edge of the bed, and each limb supported by an assistant.

2. Ascertain the position of the head, introducing within the vagina two or three fingers, or if necessary the whole hand.

3. Apply the blades of a Hodge type of forceps to the sides of the head, with the concave edge directed toward the occiput. If for any reason this cannot be accomplished, withdraw the instrument and substitute a Simpson (or Elliott) passing the blades to the side of the pelvis. While making traction with this method, watch for anterior rotation of the occiput, and encourage it in some cases by reapplying the blades to better advantage.

4. Make every effort to secure antiseptic condition during the operation. The fingers, hands and forearms of the operator, the external genitalia and vagina of the patient, the instruments and the hands of the assistants, should be clean and aseptic.—*Amer. Journal of Obstetrics.*

#### INFLUENZA AND PELVIC CELLULITIS.

Sigmund Gottschalk (*Centralbl. f. Gynäk.*, No. 3, 1892) noted, in the same publication in January, 1890, the frequency of endometritis in influenza. It is associated with free hemorrhages, and is a common complication in the epidemic now raging. He has also seen three distinct cases where parametritis or pelvic cellulitis developed in the course of influenza. In two cases there was no evidence that the pelvic disease had previously attacked the patient.

The first patient was a young girl aged twenty-one, evidently a virgin. Eight days after the period she caught influenza and profuse metrorrhagia occurred. For three weeks she suffered badly from bronchitis. Pains in the right iliac fossa set in during the first week; the flooding lasted for a fortnight, and was followed by free discharge. A very extensive hard swelling occupied the right side of the pelvis and pushed the uterus to the left.

The second patient was twenty-two years old. As in the first case, severe metrorrhagia set in during influenza.

Then, when the fever was moderate, hypogastric pains occurred, and a characteristic parametritic deposit developed in the pelvis.

The third case differed from the others, for the patient had suffered many years before from left parametritis. She was taken ill with influenza on January 6, 1892. The temperature rose very high, and parametritis developed in the old scar. By the sixth day the patient began to improve, and a very extensive infiltration was detected in the left broad ligament.

In none of these cases was there evidence of peritonitis or of inflammation of the tubes and ovaries. The influenza virus may, Gottschalk observes, directly attack the pelvic connective tissue. Otherwise, the parametritis must be secondary to the endometritis—a much more frequent and very distinct complication of influenza. The poison must travel through the lymphatics of the cervix, and not along the tubes.—*British Med. Jour.*

#### FIBROID TUMOR OF THE FALLOPIAN TUBE.

Spaeth (*Zeitschrift f. Geburtsh. u. Gynäk.*, Vol. XXI, Pt. 2, 1891) describes a case where a woman suffered from frequent vomiting and continual pain in the left side. Abdominal section was performed and a tumor was removed after the separation of peritoneal adhesions. At the operation it was found that the left tube ran into the growth; afterwards, when the tumor was examined, it was found to consist of a uniform hypertrophy (one and one-half inches thick) of the tubal wall. Two-fifths of an inch of the uterine half of the tube remained attached to its inner aspect, whilst the abdominal end hung from its outer side. On microscopic examination the tumor proved to be a fibromyoma, and there was no evidence of inflammation. The existence of a myoma on the tube is easy to understand, for the tube is developed from Müller's duct like the uterus, an organ very subject to myoma. Nevertheless, myoma of the tube is exceedingly rare.—*British Med. Jour.*

## Miscellany.

### HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending March 11, 1892:

WARD.	Measles.		Scarlet Fever.		Whooping Cough.		Diphtheria.		Croup.		Typhoid Fever.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....	1		6						1			
2.....	10				2		2		1		1	
3.....												
4.....	1				2		4	1				
5.....	3										1	
6.....			1									1
7.....	1										1	
8.....	4											
9.....												
10.....			2		2	1						
11.....	1		1				1	1				
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23.....	3						2	1				
24.....			2		2		2	1			1	
25.....			2		1							
26.....	13		2				1					
27.....			1				1					
28.....			4				2	1				
29.....			1				1				1	
30.....	2				3		3					
Public Institutions.....				1								1
Totals.....	43	30	11	2	25	6	3	3	3	5	3	
Last week.....	38	28	2	9	13	3	2	3	4	1		

Mortality Report for the week ending March 11, 1892:

Dysentery.....	1
Diphtheria.....	8
Influenza.....	3
Other Zymotic Diseases.....	8—20
Cancer.....	3
Phthisis Pulmonalis.....	17
Other Constitutional Diseases.....	2—22
Apoplexy.....	3
Bronchitis.....	3

Heart Disease.....	6
Meningitis.....	3
Nephritis.....	4
Peritonitis.....	6
Pneumonia.....	17
Other Local Diseases.....	13-60
Deaths from Developmental Diseases.....	10
Deaths from Violence.....	1
Deaths from all causes.....	113
Annual rate per 1,000.....	19.58
Deaths under 1 year.....	18
Deaths between 1 and 5 years.....	21-39
Deaths during preceding week.....	123
Deaths for corresponding week of 1891.....	138
Deaths for corresponding week of 1890.....	157
Deaths for corresponding week of 1889.....	141

J. W. PRENDERGAST, M.D.,  
Health Officer.

### OHIO HEALTH BULLETIN.

Infectious Diseases reported to the Ohio State Board of Health in 53 cities and towns during the week ending March 11, 1892.

<i>Diphtheria:</i>		Cases.	Deaths.	<i>Typhoid Fever:</i>		Cases.	Deaths.
Belle Center....	1	1	1	Cincinnati.....	5	3	
Carey.....	5	1	1	Cleveland.....	2	2	
Cincinnati.....	25	6	6	Crestline.....	1	1	
Cleveland.....	5	3	3	Fostoria.....	1	1	
Columbus.....	16	3	3	Gallipolis.....	3	2	
Forest.....	1	1	1	Girard.....	1	1	
Lima.....	2	2	2	Hanging Rock..	1	1	
Logan.....	2	2	2	Millersburg....	1	1	
Mansfield.....	2	2	2	New Lisbon.....	1	1	
Middletown....	7	2	2	Salem.....	1	1	
Newark.....	5	2	2	Sidney.....	1	1	
Ottawa.....	6	1	1	<i>Scarlet Fever:</i>			
Springfield....	5	1	1	Akron.....	3	3	
Toledo.....	5	2	2	Bellefontaine..	2	2	
Youngstown....	1	1	1	Bond Hill.....	5	5	
<i>Whooping-Cough:</i>				Cincinnati.....	30	1	
Cambridge.....	3	1	1	Cleveland.....	5	1	
Cincinnati.....	11	2	2	Clifton.....	1	1	
Cleveland.....	2	1	1	Columbus.....	16	2	
Columbus.....	1	1	1	Coshocton.....	10	1	
Crestline.....	10	1	1	Delphos.....	2	2	
Lockland.....	4	1	1	Elmwood Place..	1	1	
New Lisbon....	1	1	1	Greenville.....	1	1	
Sidney.....	9	1	1	Logan.....	2	2	
<i>Measles:</i>				Madisonville...	2	2	
Akron.....	1	1	1	Middletown....	1	1	
Cincinnati.....	43	1	1	Newark.....	2	1	
Cleveland.....	23	1	1	Portsmouth....	1	1	
Columbus.....	2	2	2	Springfield....	4	1	
Elmwood.....	1	1	1	Summerfield....	3	1	
Lima.....	9	1	1	Toledo.....	1	1	
Ravenna.....	1	1	1	Woodsfield....	4	1	
Springfield....	19	1	1	Wooster.....	2	1	
Warren.....	19	1	1	Xenia.....	4	1	
Youngstown....	7	1	1	Youngstown....	2	1	

No infectious diseases reported to health officers in 12 towns.

C. O. PROBST, M.D., Secretary.

### WHO MAKES THE OPIUM SLAVES?

If "gynecology" makes women sterile, "general practice" makes them opium-eaters. If the gynecological surgeon's memory is haunted by a stately procession of ghosts which precede him to premature graves, "conservative practitioners" thoughtful moments ought to be haunted by the mental vision of the array of opium slaves—"his making"—who, from ruined homes and out of the degradation of living perdition, follow with curses the man who taught them the opium habit.

Are such charges ungrounded? Is the general practitioner reasonably careful in the use of opium for women's sufferings?

Dr. P. C. Wilson says, writing in 1890: "Nothing in the diseases peculiar to women has impressed me with greater horror than the indiscriminate use of opiates for the relief of their sufferings. Few, if any, come to me with pelvic troubles of years' or months' standing who are not more or less addicted to the habitual use of anodynes. It is with pain I say that nearly all, if not every one, who has come to me with the opium habit (and they number a thousand or more) *has been led into it by the attending physician.* At this writing I have four such cases under my care. I cannot be too strong in my condemnation of the use of the preparations of opium for the pelvic diseases of women. None are ever benefited by it; all are made worse by it; pain is increased by it, unless the patient is brought to absolute stupefaction; and the recuperative powers of the diseased parts are destroyed by the paralyzing effects of the opiate on the nerves of the parts. It is no use to attempt to cure the physical disease in such a case till we have cured the opium habit, and it is generally more difficult to cure the latter than the former. I never give a hypodermic for the relief of pain in the diseases of women, and I very rarely give any opiate by the mouth in such cases. Other means may be used to mollify the pains, though not so certainly or promptly; but it is much better to



worry with the patient and her friends than to resort to the prompt and certain hypodermic, which is sure to be demanded again, and is sure to bring reproach and condemnation on the physician who first and secondly gave it. I never have heard more violent condemnations heaped on any physician than on those who first gave the opiate to those who have acquired the opium habit. The patient, the friends, the acquaintances, one and all abuse him for everything that is abominable. Upon no class of patients do these remedies take so strong a hold as on women, and it is sometimes impossible to cure them of their evil effects. They become opium sots for life, and drag out a miserable existence, a curse to all with whom they are connected. I did not hesitate to say that there can be no diseased condition except advanced (and rapidly fatal) cancer which justifies the habitual use of opium for the relief of the pain; while there is yet hope of relieving or curing the disease by surgical interference, opium should be studiously withheld, as even with recovery and the acquired opium habit the last state of that woman would be worse than the first."

These words are not from an inexperienced young enthusiast, but from one who has grown gray in the treatment of the diseases of women. The unusual professional success of Dr. Wilson, as regards quality of practice and pecuniary remuneration, prove that the extreme caution in the use of opiates does not blight a young doctor's career.—Editorial in *Maryland Med. Journal*.

#### GYNECOLOGICAL TINKERING.

Dr. Joseph Price writes, in the *American Gynecological Journal*, to show that major gynecological operations are often necessitated by too much minor gynecology. The argument, he says, used for the measures referred to is that they increase the chances of conception. "A comparative study of cases undergoing a prolonged treatment of a radical nature, such as application of the stronger acids to the cervix and the endometrium, the frequent curetting

of the uterus, the repeated dilatation of the cervix, will prove that conception is less frequent in these cases than in others where all local applications have been discarded and general treatment used, and where treatment has been especially directed to the careful and gentle correction of mechanical dislocations, resulting in engorgement and congestion or inflammation. My own dispensary work is a constant demonstration of the correctness of this opinion. Since abandoning local applications conceptions have increased more than 10 per cent. in the same group of cases in which I used local treatment and tinkering early in my experience. I have so often condemned the sound in gynecological work that it will seem foolish, and will, no doubt, be futile to do so again. To that class of gynecologists who cling to its use, there is but little use of directing proof. Their own experience is not sufficient for any one but themselves, and they will learn from no one else."

—*N. Y. Med. Record*.

#### PHYSICIANS' SIGNS.

The fashion, in various cities in Europe, as to the door-plates and signs of physicians is interesting in its variety. In London a large door-plate of brass or silver is the thing. In the West End of that city doctors seem to live together, and one may see two or three in the old-fashioned, very neat English-basement houses that are to be found in such great numbers in Harley Street, Brooke Street, George Street, Grosvenor Square, and so on. In Brussels the outside of the house is sometimes decorated *à la* New York, but generally with more taste. There professional men do not hesitate to announce their specialty. In Berlin, where a celebrated man may be one or more flights up, a porcelain plate neatly inscribed with black letters, sometimes with the specialty, and always with the office hours, is in good form. In Paris there is such an absence of signs or door-plates that it is in many instances difficult to know that you are at the right house, so modest or negative are the indications. In Paris, too,

distinguished specialists sometimes live very high up, in great apartment houses without elevators. But some of the great Paris physicians live magnificently in town, and have fine country places as well. Along the Quai d'Orsay and the Quai Voltaire are noble houses, now used for business and other purposes, and formerly occupied by Nélaton and Trousseau. But the great men of the present in Paris live on the other side of the Seine. Why they do it, it is hard to say, for everything is very inviting still in the skirts of the Latin Quarter; and in the old Quarter itself, the new boulevards have destroyed all the intricacy and griminess of the region. Philadelphia and Boston outdo New York in the magnitude and splendor of door-plates and office-signs. It is doubtful if they are ever of any particular use, except for those who are looking for a doctor in an emergency, and a very simple indication would be as well as the great sprawling tin, or black marble, or brass affairs that dis-

figure many a good-looking house.—*N. Y. Med. Record.*

#### ADVISING TO COMMIT ABORTION.

The New York Penal Code provides that a person who with intent thereby to procure the miscarriage of a woman, advises her to take any medicine, drug or substance is guilty of abortion.

A curious result of this enactment, in a recent case, was that a person was convicted when no abortion whatever was committed on the woman. The offender advised the use of a certain drug, but this advice was not acted on; nevertheless, an indictment was found and a conviction obtained. The General Term of the Supreme Court, in reviewing the trial, held that the word "advises" in the law meant advice which was acted upon and not that which resulted in nothing. In consequence the conviction was set aside.—*Weekly Med. Review.*

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## CONTENTS.

### ORIGINAL ARTICLES.

- POSITION OF PATIENT AND TIME FOR REPAIRING THE Lacerated Perineum. By Edwin Ricketts, M.D., Cincinnati. 391
- A CASE FOR DIAGNOSIS. By W. S. Tingley, M.D., Cincinnati. 393
- VERBAL REPORT OF A CASE OF SYMPATHETIC MORNING Sickness in the Male. By William Judkins, M.D., Cincinnati. 395

### SOCIETY REPORTS.

- ACADEMY OF MEDICINE.  
Meeting of January 25, 1892.  
Discussion on Position of Patient and Time for Repairing the Lacerated Perineum. 396

### EDITORIAL.

- SECRET REMEDIES. 402
- ARE PARTY LINES DISAPPEARING? 403
- ANOTHER VICTIM OF "CHRISTIAN SCIENCE." 405
- EDITORIAL NOTES: The Southwestern Ohio Medical Association. — Medical College Commencements. — Another Medical Bill. 406
- Southwestern Ohio Medical Association. 406

### TRANSLATIONS.

- MOLIERE AND GUI PATIN.—Chapter III. By Thomas C. Minor, M.D. 398
- Grippe-Pneumonia. 400
- THERAPEUTIC NOTES. By F. H. Pritchard, M.D., Norwalk, O.  
Cystitis Treated by Injections of Corrosive Sublimate. — Viburnum Prunifolium in Cramps of the Leg Muscles. 392
- Colombo in the Convalescence of Influenza.—Formula for the Wine of Coca. 394
- Hepatic Colic. 395
- Abortive Treatment of Coryza. — A Beverage for Pneumonic Patients. 397
- Principal Therapeutic Applications of Salol. 400
- Treatment of Diarrhœa with Lactic Acid. 401
- The Pyloric Pain of Dyspeptics. 402

### BIBLIOGRAPHY.

- A Manual of Operative Surgery, Treves 407
- A Practical Manual of the Diseases of the Skin, Rohé and Lord. 408

Contents continued on Advg. p. 4.

See Advertisement "VIN MARIANI" on Insert page x.

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A WEEKLY JOURNAL OF  
MEDICINE AND SURGERY.

New Series Vol. XXVIII. CINCINNATI, March 26, 1892.

Whole Volume LXVII.

## Original Articles.

### POSITION OF PATIENT AND TIME FOR REPAIRING THE LACERATED PERINEUM.

A Paper read before the Academy of Medicine, January 25, 1892,

BY

EDWIN RICKETTS, M.D.,  
CINCINNATI.

Of all primiparal deliveries, about 33 per cent. are lacerated to a more or less degree. More women are lacerated between the years of sixteen and twenty, from twenty-five to thirty-five years coming next. It is claimed that women possessed of dark hair, red cheeks, red lips and bright, clear skin are most liable to tear, while those blondes who have sallow skin, with a tendency toward a deposit of pigment, are least vulnerable.

My preference of the many methods in vogue for the repair of the lacerated perineum is that of flap-splitting, as revived by Mr. Lawson Tait. The important points to be considered are:

1. Simplicity.
2. Absence of loss of tissue.
3. The obtaining of muscle union.

The literature and wood-cuts aiming to show the merits of each operator's modification, described in the journals and pamphlets, are as numerous as the different shaped pessaries for the restoration of the poor crooked uterus, so that its perpendicular line may correspond exactly with that of the spinal column. The literature and wood-cuts have been, to the reader, about as unsatisfactory as was the blackboard chalk-talk to this society recently by

its gynecological members, when they attempted to show how Tait repaired the perineum. I was one of those unsatisfactory demonstrators, and now am sure that not *one* member, aside from the successive gentlemen with chalk in hand, went away the wiser. To see the Tait operation made by an inexperienced hand is as worthless as some of our so-called *wordy methods* of gaining knowledge.

Now, as to a recent criticism on Tait's method—that of the gaping of the skin outward and to the gaping of the mucous membrane into the vagina—it is no objection in the hands of operators who make frequent operations, as they soon learn how to overcome the objectionable gaping by not dissecting under the skin and mucous membrane too far.

We have recently had a most valuable demonstration before this society, on the special manikin, of the Tait operation for the repair of the perineum, while one of our members recently demonstrated the same operation, by invitation, before a body of physicians in the city of Boston.

In perusing the literature on this subject, I have been surprised to see that *position* for the patient and time for the repair of the perineum have hardly been mentioned. These are the two greatest essentials to the surgical part, and Mr. Tait will never do this operation unless the patient be in the position that I shall attempt to describe later on. This way of placing the patient on the back, having an assistant to hold each lower extremity flexed on itself, is as unsatisfactory in holding tautly the perineal tissues as it is often injurious to the patient, as the assistants are apt to become tired from long standing and unconsciously lean on and bear

down the flexed members on the body. To hold is a most difficult task, and in doing the same valuable light is frequently shut out, while in the holding it is almost an impossibility for the position of each limb to be equal.

The device that I now present (the Clover crutch) is the best apparatus for holding the leg in the proper position without fear of injury to the patient, bringing the field of operation best into view, putting the tissues on the stretch, and doing away with two assistants. With this crutch, at most, all persons that are needed are the operator and anæsthetizer, with a nurse for the after-care of the patient. With this crutch adjusted, the patient on her back and across the bed, her hips resting well on the edge, the bowels having been previously unloaded, thoroughly douching the vagina and rectum with warm water, the second essential position is that the knees be separated to a desirable extent. This slotted sliding-bar with the adjustable set-screw enables the operator to accomplish this in a most desirable manner.

Now, as to the best time for secondary operations. I have followed up with care some of these operations in my earlier work and that of others, and find that many of the results are simply plastic, and that, of the poorest kind. More especially has this been true of the primary operations. I found that much attention had been paid to the cosmetic skin union, while no consequential result had been obtained in muscle union. In some instances the union did not extend beyond the skin. In some a small part of the muscle had united, and in others there had been but slight union.

In primary repairs it is almost an impossibility to keep the lochia from coming in contact with the pre-stitched and post-stitched field of operation. This, with the added needle-hole punctures and the tendency of this lochia to work itself through the silk medium into the post-stitched field, makes it exceedingly difficult to not infect the patient. This is more liable to occur in those cases where the silkworm-gut

or wire has been tied too tightly, causing stitch abscess.

In those cases in which there is laceration of the perineum, complicated by trauma of the pelvic floor posterior to the laceration, with prospects of a post-puerperal peritonitis that may be the result of a ruptured pus-tube or leaky ovarian or intra-ligamentous cyst, the primary repair of the perineum *should not* be attempted.

In laceration pure and simple, while the risks of infection resulting from the bathing of the recently stitched field of operation in lochia are not so great as in the condition just mentioned, yet the difficulty in the after-dealing with this lochia, with the added risks that must necessarily follow the needle punctures, are in themselves enough to justify us in choosing a *secondary* repair of the perineum.

[FOR DISCUSSION SEE P. 396].

#### CYSTITIS TREATED BY INJECTIONS OF CORROSIVE SUBLIMATE.

Prof. Guyon, of Paris, France (*Annales de Médecine générale*, No. 1, 1892), has made extensive studies with the application of intra-vesical injections of solutions of corrosive sublimate in concentrations of 1 : 5,000 to 1 : 1,000. He also used it by instillation into the bladder through the posterior urethra (thirty to one hundred drops). This treatment gave excellent results in painful tuberculous cystitis, where especially the nitrate of silver is not well supported; the frequent urination ceased and the capacity of the bladder much increased. In gonorrhœal cystitis this treatment seems to have no advantage over the employment of the nitrate of silver.

#### VIBURNUM PRUNIFOLIUM IN CRAMPS OF THE LEG MUSCLES.

This remedy is recommended (*Medizinische Neuigkeiten*, No. 2, 1892) in the treatment of nocturnal cramps in the legs. Three to five grains (forty-five drops to one drachm) may be given at a dose.—[Pritchard.]

## A CASE FOR DIAGNOSIS.

A Paper read before the Academy of Medicine, February 1, 1892,

BY

W. S. TINGLEY, M.D.,  
CINCINNATI.

Bertha D—, aged ten years, of German parentage, presenting the following history: Her father is living, an apparently healthy man, about forty-five years of age. Her mother died seven years ago of general tuberculosis, judging from the meagre facts I could obtain from the persons who were familiar with the circumstances of her death; but it is probable that she died of phthisis pulmonalis. The disease was progressive for three years, but she was confined to her house and bed about three months.

This child had an attack of pneumonia, of a severe character, four years ago, at which time the attending physician informed the father and step-mother that she had but one lung, and that was of but little force. His prognosis was, therefore, of the gravest character. Following this attack of pneumonia there was a cough of more or less severity until last summer, when it ceased rather suddenly, and there has been none of any consequence since. She survives the pneumonia, has beaten the doctor's prognosis by four years, and has overcome the persistent cough.

Until two years ago this girl attended the public schools, and was active in the pursuit of her studies, as well as the pastimes of children of her age. During this time her step-mother informed me, and I give you the story for all it is worth, of rather an unusual circumstance in one so young, in the fact that she was affected with a nymphomania, which became so annoying that she had to be taken from the school. She was detected in acts indicating this morbid condition not only with the opposite sex in the school, but in efforts to incite her brother, younger than herself, in the same direction. But there are no manifestations of this sexual precocity at the present time.

I first saw this patient on the 30th

of October last, when the following conditions were observed: She occupied the bed in the dorsal decubitus, which she persistently maintains to the present time, unless she is forced to change her position. She looked pale, but was not markedly emaciated. An examination of the body showed no abnormal appearances, except a very prominent condition of the abdomen, which had existed to a greater or lesser extent for several weeks. On careful manipulation this distension was found to be from gaseous accumulation and not from ascitic fluid, as I had suspected a dropsical condition. No essential pain was present, but there was very marked hyperæsthesia. At a subsequent examination, by placing the patient upon the side and persisting in gentle manipulation, this hyperæsthesia was overcome. Another examination within the past week develops no new features, unless it be to show a slightly increased distension of the abdomen.

Her appetite was good when I first saw her, and with few exceptions has remained so to the present time. This, to me, has been one of the most remarkable features of the case.

Her bowels occasionally move naturally, but in most instances a mild laxative has to be used for this purpose. When an evacuation takes place but little of the gaseous accumulation in the bowels passes coincidentally.

Her kidneys act normally. A recent examination of the urine showed a specific gravity of 1021, acid reaction, no albumen or other pathological constituent.

Auscultation and percussion of the chest revealed the normal sounds. An examination of a similar character at a recent visit gives substantially the same results.

I learned from the step-mother that during last summer, before the child took to her bed, she became lame in her left leg, partially dragging the toe upon the ground, and moving the limb as though there was pain at the hip-joint, and as if the knee was stiff. On examination I found no shortening, no dislocation nor muscular atrophy. Efforts to move the limb, even up to

the present time, are resisted, and she cries out with pain. The left shoulder-joint is affected in a similar manner, and the arm is held constantly in close contact with the chest wall. There is, however, pretty free motion at the elbow-joint. I did not see the child attempt to stand or walk, and could not judge of the nature of her lameness from those positions. On careful questioning I could elicit no history of a fall or other injury, or any inflammatory process which would account for the condition of these injured members.

About two weeks after my first visit to this patient I was called to see her on account of some difficulty of vision. While playing with her dolls and other trinkets she suddenly discovered that she could not see them. She complained of severe pain, especially in the left eye, which was very sensitive to the light. The eyes were not swollen or inflamed, and there was no protrusion of the eye indicating any orbital complication. A mild collyrium was ordered and the right eye was soon restored to its normal condition; but the left is still supersensitive, and she persists in shielding it from the influence of strong light. Her eyes have not been examined by an oculist. To ordinary observation there are no unusual appearances and no evidences of inflammation. Ophthalmoscopic examination might prove to be the missing link between doubt and certainty in arriving at a correct diagnosis in this, to me, interesting case.

This girl is of the nervous temperament, and allows slight causes to greatly irritate her. I have thought, in watching the progress of the case, that possibly there was some feigning of certain of her symptoms, especially her repugnance to light and her persistence in occupying the dorsal position, but I may be mistaken in this judgment. While apparently strong enough to sit up, or even to stand on her feet, she will not allow her attendants to assist her into these positions. The distended abdomen interferes with the sitting posture.

Having had the case under observation at infrequent intervals for the past

three months, the most remarkable thing is that her appetite and digestion have been good; there has been but little pain, sleep has been natural and refreshing, and there has been no perceptible emaciation.

I submit the case, imperfect as the report may be, simply for diagnosis. Has this patient general tuberculosis with special manifestations affecting the hip-joint, the shoulder, the intestines and peritoneum, and the eyes? Is there paralysis originating from some central lesion to which we can refer certain of her symptoms? Or is there general neurasthenia which will serve to account for other conditions I have described? Can a pulmonary affection be progressive without cough, or pain, or emaciation?

As respects treatment, it has been palliative and expectant.

#### COLOMBO IN THE CONVALESCENCE OF INFLUENZA.

An anonymous correspondent of *Le Progrès médical*, of Paris, warmly recommends the use of colombo as a tonic and sedative in the convalescence of the grippe. The writer has found it to be an incomparable preventative and curative remedy in the gastric and pulmonary forms of this disease during the two last epidemics. The powder, decoction or an elixir may be prescribed. It causes the appetite to return, the vomiting to cease, and the stools to become regular, while the convalescence is comparatively short and insignificant.

#### FORMULA FOR THE WINE OF COCA.

The following is recommended (*Pharmaceutische Post*, No. 27, 1891) as an excellent formula for the preparation of the wine of coca:

℞ Coca leaves, . . . . .	3iij.
Cognac, . . . . .	℥jss.
Sherry wine, . . . . .	℥jss.
Hungarian wine, . . . . .	℥vj.

Macerate for several days and add seven grains of citric acid. Allow this mixture to stand for several days and then filter.

—[Pritchard.



# VERBAL REPORT OF A CASE OF SYMPATHETIC MORN- ING SICKNESS IN THE MALE.

Reported to the Academy of Medicine, February 1, 1892,

BY

WILLIAM JUDKINS, M.D.,  
CINCINNATI.

November 4, 1891, I was called to see the little daughter of X., æt. three and one-half years, suffering from an attack of scarlet fever. Four days after my first visit, I was telephoned for in great haste. On arrival at the house, I found my little patient doing as well as could be asked, but the father, for whom I had not had occasion to prescribe before, was lying on a lounge, as white as the immaculate vest worn by my friend Reamy. It was with some effort he could converse. Stimulants of any kind were emphatically declined. Inquiry revealed the fact that ever since his supper the evening before nausea and vomiting were marked; that for the preceding week or ten days he had been irregular at meals, with no appetite, and poor health. The different medicants ordered were of little or no benefit. About this time the wife spoke to me regarding a symptom in her own case that had been present in two previous pregnancies—that of drowsiness. She could go to sleep at any time of the day, and at any place. With that exception, she was never in better health than when pregnant. She had, as a rule, nursed her children until fourteen and eighteen months old. Had never seen a menstrual flow but the first and second month after marriage, consequently there was no data to go upon in that particular. (At the present time motion is present, and confinement is expected in May). What in my hands has proved efficacious in relieving nausea in ladies, when frequent, was now ordered for the husband, *i. e.*, pop-corn. It gave him relief at once, and for days and weeks he lived on nothing else. He is now in the far West on a trip, enjoying good health.

I learn that during the previous pregnancies the gentleman was similarly affected, and from an elderly member of the family I am informed that the father was also quite sick when his wife was carrying my patient during the early months of her pregnancy, going to show there is something in the law of heredity.

In speaking to one facetious member regarding the case, he suggested that as he frequently had seen relief from painting the os externum with iodine, the use of that same mixture might be applied to the gentleman's umbilicus, with, no doubt, success.

## HEPATIC COLIC.

Dr. Lemoine (*Revue Thérapeutique medico-chirurgicale*, November 1, 1891) uses the following methods in the treatment of hepatic colic. If vomiting is present he has recourse to ethereal solutions or those containing chloroform, as follows:

℞ Syrup of acacia, . . . fl. ℥iv.  
Ether, . . . . . fl. ℥j.

Or:

℞ Chloroform, . . . ℥xv.  
Tincture of myrrh, . . . ℥xv.  
Mucilage of acacia, . . . fl. ℥ij.  
Syrup, . . . . . fl. ℥ijss.

A teaspoonful of either of these prescriptions every fifteen minutes.

If vomiting is a pressing symptom, it may be relieved by small pieces of ice and sedative drink, along with very small quantities of cold beef tea or milk. A turpentine stupe or other hot application may be applied to the abdomen, which should be covered with a rubber cloth to keep in the heat and moisture. Dry heat may be used instead of moist if desired. Liniments are without effect, and mustard plasters injure the skin, but prolonged and very hot baths are of service. The writer also uses the following suppositories:

℞ Extract of belladonna, } aa gr. 1-3d.  
Extract of opium, }  
Cacao better, . . . . . ℥j.  
Sufficient for one suppository.

Or:

℞ Extract of opium, . . . gr. 1-6th.  
Cacao butter, . . . . . ℥j.  
Sufficient for one suppository:

—[Pritchard.

## Society Reports.

### ACADEMY OF MEDICINE.

#### OFFICIAL REPORT.

*Meeting of January 25, 1892.*

The President, GILES S. MITCHELL, M.D., in the Chair.

T. V. FITZPATRICK, M.D., Secretary.

DR. EDWIN RICKETTS read a paper on

*Position of Patient and Time for Repairing the Lacerated Perineum* (see p. 391).

#### DISCUSSION.

DR. E. G. ZINKE:

As the paper follows so closely upon the one which I presented to the Academy a few weeks ago, and hearing the gentleman speak of it, I was quite curious to know what would follow, and, while I do not confess disappointment, I am somewhat surprised at some of his statements. First, as to the frequency of rupture in a brunette; that exists only in the fancy of the men who mention it. As far as my observations go, they show that rupture of the perineum, in both blondes and brunettes, occurs with equal frequency. Contrary to the statement of the essayist, I believe that rupture of the perineum occurs less frequently in women between the ages of sixteen and twenty. It occurs, as a rule, in the first confinement. The gentleman refers to the use of the Clover crutch. The statement that it disposes of two assistants is not exactly true. Wherever I have witnessed its employment, assistants officiated at either side of the operator. This includes Mr. Tait. Again, in speaking of the position the patient should occupy, in my opinion the bed is the worst place for this operation. Clover crutch is a bad thing to use in women who suffer from varicose veins. The crutch virtually puts the woman upon the "rack." It is a torture. When the patient's limbs are controlled by assistants, less pain will be inflicted and less injury sustained than with the crutch. If the doctor has good as-

sistants, they will not, nor should he permit them to, rest upon the limbs of the patient. I prefer the continued cat-gut suture; never had a failure from its use. Union has been nearly always obtained by first intention in the cases upon which I have operated during the last three or four years.

DR. A. W. JOHNSTONE:

There are several points mentioned in this paper with which I do not agree. I have had very little experience in obstetrical work, most of it being in consultation. In my opinion, the greatest trouble arises from the fact that most obstetricians do not carry the right kind of needle with them. This should be of the greatest importance to them. The operation is not considered a dangerous one, and just how many women are torn during child-birth cannot be definitely stated. In regard to Dr. Zinke's statement concerning the complexion of an individual, I wish to say that I heartily agree with him. Then, I do not think a man attending abdominal work has the right to attend to obstetrics. It is like carrying water on both shoulders, or trying to serve two masters. As to the Clover crutch, I wish to say exactly what Dr. Reed stated: "That it is a very useful instrument where good attendants are not to be had, as in a case of an emergency, but choosing between the two, I would always prefer the latter." In speaking of the bed, I beg leave to differ with Dr. Zinke. I always use the bed, and find that it answers the purpose admirably, being just as convenient and comfortable as a table. I must confess that I am somewhat disappointed at the turn things have taken. There are one or two obdurate men in this community who studied in the old New York school, and utterly ignore or refuse to accept any of Tait's plastic teachings. The last time we had a debate concerning this point, a shot was fired, and the debate suddenly closed before any more could be said. But I hope to be able to renew this discussion, and then I trust we can have it out, and recognize the difference between the old New York school and Lawson Tait's teachings.

## DR. RICKETTS (closing):

Dr. Zinke's experience of never having a failure in primary repair of the perineum is very unique, indeed, and I am surprised to hear him say that the Clover crutch does not do away with two assistants. In private practice, for the repairing of the perineum the one great thing that the patient and friends desire, and the desire should be granted, is that no more persons or assistants than what is actually needed be present. They do not want any unnecessary display. The operation can be done just as well with the patient across the bed. I know that my views, advocating secondary repairs, is against obstetrical teaching, but fortunately I have examined many of these cases after they have been operated upon where the patient had been assured of a perfect result, and, gentlemen, I must say that many, after a critical examination, proved *not to be perfect results*. One case following a primary repair at the hands of one who is an able operator had to have the stitches cut and the wound treated as an open wound before a temperature of 105.5° could be controlled. Had this laceration been cleansed, and kept covered with iodoform gauze, for a "secondary" the chances of non-infection would have been much better. I did not say that all primary operations were failures, but I will say that with one, two, or three hundred operations of this kind in the hands of all operations, that as compared with the same number of secondaries, that the percentage of failure is *much higher*. It is our failures that are our greatest and best teachers, and I have seen not a few failures, some of my own and many of others, in just these so-called perfect results in *primary* repairs of the perineum. Dr. Reed says that the operation is quickly done—from three to five minutes. Now, if he had said from three minutes to *three hours in all* told he would have hit it. It has been claimed by one gentleman that in these cases of infection following primary repairs that it was due to the obstetrician, the operation, or both—not to the operator. In these cases of failures

that I know of the obstetrician and the operator used all precautionary measures. No matter in what way these risks may come—be they through the obstetrician or the operator, or both—I take them as arguments in favor of secondary repairs. We need just a little more willingness to speak of our honest failures. To do this will not injure any one.

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ABORTIVE TREATMENT OF  
CORYZA.

Dr. Capitan (*La Médecine moderne*, No. 12, 1891), for the aborting of an attack of acute coryza, recommends the insufflation of the following powder into each nostril:

℞ Salol,	grs. xv.
Salicylic acid,	grs. iij.
Tannic acid,	grs. ij.
Boric acid,	grs. iv.

This treatment should not be continued longer than half a day, as the carbolic acid set free will injure the nose. After this powder is employed one composed of powdered talc and boric acid may be used, or the following may be prescribed in place of any of those given, as it is equally satisfactory and more safe:

℞ Powdered talc,	grs. lxxv.
Antipyrin,	grs. xv.
Boric acid,	grs. xxx.
Salicylic acid,	grs. iv.

A pinch of this may be frequently used without the disagreeable symptoms caused by the first given.

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A BEVERAGE FOR PNEUMONIC  
PATIENTS.

Dr. Bamberger (*Le Progrès médical*, No. 6, 1892) employs the following beverage to combat the thirst of pneumonic patients:

℞ Phosphoric acid,	gms. 8 (ʒij)
Raspberry syrup,	gms. 90 (ʒiij).
To be taken in water.	

As a refreshing drink he employs the following:

℞ Cream of Tartar,	gms. 8 (ʒij).
Raspberry syrup,	gms. 40 (ʒiss).

—[Pritchard.

## Translations.

### MOLIERE AND GUI PATIN:

A MEDICO-LITERARY STUDY BY  
DR. NIVELET.

TRANSLATED FROM THE FRENCH BY  
THOMAS C. MINOR, M.D.

#### CHAPTER III.

The majority of polypharmic physicians—that is to say, of Eclectics—seem to have been the great partisans of antimony. Finding in its preparation a powerful emeto-cathartic, they boldly employed it with confidence in numerous cases in which humorism saw a condition of cacochymy of the first and second digestive tracts. In doing thus did they not perfectly conform, much better than their rivals, to the doctrines of Galenism? These doctrines were positive. They prescribed for cacochymy of the alimentary canal, evacuates; for the intestines, injections; for the stomach, emetics; for affections of the entire digestive system, vomiting and purging. Certainly one may be permitted to affirm, that in the time of Galen the discovery of the evacuant virtues of antimony excited the enthusiasm of the father of humorism.

The Dogmatics understood all this, without doubt, but, since for a long time this odious product of a Paracelcist doctrine had dared to raise its head against the decrees of the Faculty, it was more than ever necessary to blot out the infamy.

In the time of Moliere the struggle, which had lasted more than a century, raged in all its violence. The Dogmatists, at bay, concentrated all their forces and hurled all their darts of hatred to strike a mortal blow to their rivals, even at the risk of perishing themselves. Useless efforts! Vainly the so-called Galenists of the School of Paris inveighed against the innovation of the chemists, declaring haughtily and solemnly that antimony was a poison.

The believers in antimony, on their part, powerful by reason of numbers and by the public favor they enjoyed, and the prestige of title given by Court

Physicians, opposed their declarations to the decrees of the Faculty, and proclaimed in unison that antimony was a useful remedy. Tried at the Chatelet, called into court, censured by the Faculty, quarrelled over in public, defamed by pamphlets, each day brought a new scandal. When we investigate the source of the pamphlets of this disturbed medical epoch, we too often find for motives mercantile impudence on one hand, and, on the other, pride, envy, perhaps bad faith.

In 1653 Eusebius Renaudot, son of the journalist, published his libel, "Antimony Triumphant and Vindicated," and it was answered by this epigram:

*Nunc licet aurato ascendat capitola curru,  
Nunc albis stibium jure triumphet equis;  
Plaudite fumosi Balatrones, plaudite Agyrtæ  
Inter qui cedat, credite, nullus erit;  
Victoris tanti meritis obstare triumphis,  
Tot cæsis hominum millibus invidia est. (\*)*

In these disputes the most satirical medical writers of the day participated, and the lawyers took part in the controversy; while, it is affirmed, even the clergy were involved in the antimonial war. Guenaut, whose name recalls antimony only by a use made of the drug, was the butt for the outrages of the Dogmatics in "The Legend" and other defamatory pamphlets; he wished to know and punish the authors of these libels, but all his investigations did not reveal the identity of their author. This is what Gui Patin remarks in this connection:

"Guenaut is enraged at the burlesque verses and lampoons published against him and five other doctors of the same species. These have thrown out warnings and notes of excommunication against those who know anything relative to "Pythergia" and of "The Aletophanes," whose authors remain undiscovered, no one having betrayed these reaggravations, which had been spread broadcast after publication in all

1 Of antimony let us sing the glory!  
To the Capitol, in the chariot of Victory  
See it mount, with horses white,  
Cheered by all the quacks in sight,  
And another drug goes down into History.  
No Hero had more laurels at his pillions,  
For it killeth off mankind by the millions.

the quarters of Paris. There is a great likelihood that it is only *brutum fulmen*—this warning—and no one is excommunicated, seeing we are all alike; and no one has turned white or gray, though it is said that when one is excommunicated he becomes blacker than pepper."

It is necessary to read Gui Patin to form a just idea of the animosities which the question of antimony aroused among the public, as well as in the bosom of the Faculty.

The following example, among others, will lead one to see the sad situation of candidates exposed to the fire of passion and the systems. It shows how much, also, in this little Republic, precautions were taken against the usurpation of authority, since the Dean of the Faculty himself was subordinated to the resolutions of the majority of his colleagues:

"A young doctor of the antimonial school presented a thesis to the Faculty with this conclusion, '*Ergo pleuritidis mitio purgatio*,' which had been signed and approved by the Dean and *ipsos tibiali*. The censor was soon to be found. Dr. Riolan, a member of the Faculty, called his colleagues together; about sixty doctors met. Guenaut even was there to sustain the value of the thesis; he and his cabal were skinned alive. There were forty-five of us decided that the thesis should be condemned and destroyed, and that the young doctor should write another. The thesis was condemned, not as problematic, but as false and criminal, pernicious to the lives of men and the public safety."

Gui Patin's letters never fail to expose the dangers of antimony and to daily increase its martyrology. An ignorant and conceited practitioner, stimulated by his inordinate love of gold, is Guenaut, who sacrificed himself with his family. His principal victims are the Court, the Duke of Orleans, etc. Finally, the virulent Patin crowns his work by this phrase: "Mazarin has taken nothing but charlatans into Court positions; they have already slain his sister and his niece, and might as well in the end kill him."

Reveille Parise has remarked: "Guenaut has left no medical work nor any surviving proof of his knowledge that was worthy of mention by historians of the Faculty, and we are led to believe that the criticisms of Gui Patin are not without foundation. Guenaut was doubtless one of the men who considered great physicians as those with a large practice—this is witnessed by the verses, so well known, of Boileau; one of the men who only see success in money getting; practitioners, active, alert, incessant workers, looking much after patients and but little into diseases; who feel that ten minutes has a great pecuniary value, and that he who loses an hour loses his ducats."

The cordial hatred evinced in the attacks of Gui Patin on Guenaut and men of the same ilk was only the expression of a just and lively indignation. The illustrious Dean had a firm, proud character, and never bent save under the rule of duty; he had in him, above all, that eminent medical fibre that backed up the honor of the profession.

The only antimonial preparation employed at this time as an evacuant was antimonial wine. It was made by macerating wine in an antimonial goblet, or by infusing the *crocus metal-lorum* in white wine. We have already spoken of the pretensions of certain physicians in the preparation of this medicine by secret methods. "They insisted on this point," says Gui Patin, "among gentlemen of the Court and *apud idiotas*." "Such men are great," adds he, "*genus hominum quod decipit et decipitur!*" This writer, who always writes in so pleasing a spirit when his passion does not carry him too far, calls the drug *heretical wine*, by reason of the schism it occasioned in medicine; he also called it *stibial* or *stygal*, as a provider for the Styx. It is remarkable that Moliere has not dwelt on this subject in his dramatic satires, so full of interest and passion; we only find two allusions to it in his plays; the first when he makes Thibaut, in "A Doctor in Spite of Himself," say: "They have wished to give his mother antimonial wine; and they say these great doctors kill they know not how many of the

world with this invention." The second time Moliere makes mention of it is in the "Feast of Peter," where Sganarelle affirms to Don Juan that "Since a time, antimonial wine burned its fusee, so that miracles have converted the most incredulous spirits." The position of Mauvillain, his physician, *quo erat ipse samaritanus*—that is to say, antimonial—probably explains this reserve on the question of the new medicine.

#### GRIPPE-PNEUMONIA.

Dr. Huchard has presented to the Therapeutic Society of Paris a communication on *grippe pneumonia* (*Prog. méd.*, No. 7, 1892). Grippe pneumonia is a collective term, embracing a variety of pathological processes, amongst which we find fibrinous pneumonia, due to the pneumococcus, and developing in the ordinary way; in other cases we have to deal with anomalous forms, without rusty sputum, occurring by successive invasions; again, some cases show a very rapid course with purulent expectoration. At times the disease seems to be a severe congestion, with pulmonary atelectasis, and viscid sputum. In some cases the lungs are filled with sub-crepitant râles, without bronchial breathing. Sometimes the pneumonia, limited in extent at the outset, rapidly infiltrates both lungs, and causes death by dyspnoea and asthenia. Furthermore, we may have as complications purulent pleurisy or pulmonary gangrene. There is, in short, no distinct grippe pneumonia; the epidemic merely seems to favor the activity of various micro-organisms, and to predispose to secondary infection.

In many cases there seems to be a veritable paralysis of the vagi. The pulse is slow and thready; the arterial tension diminished, the rhythm of the heart is foetal in character. The danger in grippe pneumonia is to the heart and nervous system. The first indication, therefore, is to sustain the heart, which suffers in its innervation and its proper muscular substance. The effort should also be made to secure increased elimination by the kidneys. Digitalis is strongly indicated, and should be given

from the outset. It is best given in the form of crystallized digitalin, of which one milligramme may be given; no more should then be administered for two days, so as to avoid the effect of over-stimulation. Should symptoms of asthenia persist, they are to be met by hypodermic injections of ether or camphorated oil. The diet should consist almost exclusively of milk. Intestinal antiseptics is to be secured by naphthol and its derivatives. Quinine should be administered in quantities of from fifteen to twenty grains daily. If nervous asthenia be prominent, hypodermic injections of strychnia should be employed, one-thirtieth to one-sixtieth of a grain daily. Secondary infections are to be guarded against, oral antiseptics should be rigidly enforced.

Caffeine may be employed with advantage, particularly after the digitalin has been discontinued. As a tonic tincture of kola and tincture of coca, mixed in equal parts, and diluted in the proportion of a teaspoonful of the tincture with a cup of milk, is very beneficial. J. E.

#### THERAPEUTIC NOTES

FROM FRENCH, GERMAN AND ITALIAN JOURNALS.

TRANSLATED BY  
F. H. PRITCHARD, M.D.,  
NORWALK, O.

#### PRINCIPAL THERAPEUTIC APPLICATIONS OF SALOL.

Prof. Huchard (*Rivista clinica e Terapeutica*, No. 11, 1891) advises the use of this remedy on account of its triple properties—antipyretic, analgesic and antiseptic:

1. *Rheumatic and neuralgic affections*.—In acute articular rheumatism its antipyretic and analgesic action is much inferior to that of the salicylate of soda, but, according to Dr. Egasse, being insoluble in the gastric juices, it is not irritating to the mucous membrane of the stomach. It may be prescribed not only in the articular forms of rheumatism, but also in rheumatic and neuralgic affections of the fauces, ears and eyes, in sciatica, in lumbo-

abdominal neuralgias, in the painful crises of tabes dorsalis, etc. In all cases the dose must be from four to six grammes (one to one and one-half drachms) per day, each powder containing from seven to fifteen grains. In pseudo-rheumatism and gonorrhœic rheumatism it has no action. The drug has a less disagreeable taste than the salicylate of soda, produces less frequently disturbances of the digestive organs, deafness and roaring in the ears, but it is less efficacious than this drug in the treatment of acute articular rheumatism.

2. *Gastro-intestinal affections, diarrhœa.*—Salol splits into salicylic acid and carbolic acid in the duodenum, hence it has been administered in gastro-intestinal affections as an antiseptic. In adults the dose should be from seven grains every two hours. In children of six months one-fifth of a grain every two hours may be administered; in those of seven to ten months, one-half to five grains; and in those of one year to eighteen months, may be given one-third grain every two hours. In diseases of the colon the drug has no action except it be given by enemata. In adults it may be administered in one-gramme (fifteen grains) doses, associated with the salicylate of bismuth, before each meal. In the fetid diarrhœas of typhoid fever and tuberculosis it may be employed in doses of two, four and even six grammes (thirty, sixty and ninety grains). In dyspepsia with fetid fermentation of food and disagreeable eructations, with or without diarrhœa, the writer prescribes a powder of the following during the meal:

℞ Salol,                    } aa           cgms. 5  
 Betol,                    } (grs.  $\frac{1}{4}$ ).  
 Pancreatin,            }  
 Powdered nux vomica, . dgms. 5  
                                   (grs. viij).

Sufficient for twenty powders.

In typhoid fever, when the diarrhœa is abundant and fetid, he uses the following:

℞ Salol,                    } aa gms. 10  
 Salicylate of bismuth, } (3ijss).  
 Sufficient for twenty powders. One powder every two hours.

3. *Genito-urinary affections.*—Salol is rapidly eliminated by the kidneys.

Therefore it has been used as an antiseptic in the genito-urinary passages. Exceptionally it has been observed to have an irritating action upon the kidneys, with consequent albuminuria. Dr. Dreyfous has given it in acute gonorrhœa, in doses of five to eight grammes per day. It has been used as an antiseptic in operations upon the genito-urinary organs, but with varying results. In cancer of the uterus it has been found efficacious in the treatment of the disagreeable odor; it may be administered either by the stomach or by the vagina as an injection.

4. *Throat diseases.*—In these diseases Dr. Gougenheim, of Paris, has noted the good results which this remedy exerts. In acute angina, tonsillitis, phlegmonous anginas, etc., when given in doses of three to six grammes (forty-five grains to one and a half drachms) per day, the dysphagia ceases and the inflammatory symptoms diminish in intensity. In a case of gangrene of the tonsil and soft palate Dr. Juchel-Benoy has obtained excellent results with either an alcoholic or ethereal solution of the remedy used as a spray.

5. *Pneumonia and pleurisy.*—Some writers have used it in excessive doses, eight to ten grammes per day, in the treatment of pneumonia and pleurisy.

6. *Surgical and external uses.*—Many substitute salol for iodoform in the management of wounds, ulcers, epitheliomas, caries of bones, etc. The following is the formula:

℞ Salol,                    gms. 1-5 (grs. xv-3j $\frac{1}{4}$ )  
 Starch,                   gms. 50 (3jss).

7. *Cutaneous affections.*—This remedy has been employed in the form of a salve in impetigo and non-parasitic sycosis. The following is the formula:

℞ Salol,                   gms. 1-5 (grs. xv-3j $\frac{1}{4}$ ).  
 Vaseline,               gms. 100 (3iij).

#### TREATMENT OF DIARRHœA WITH LACTIC ACID.

Drs. Schtschegolew and Tschernischew (*Wiener med. Presse*, No. 7, 1892) have employed lactic acid in diarrhœa, recommended by Prof. Hayem, of Paris, France, with excellent results in

several cases of various kinds. In twenty-five cases where diarrhoea appeared towards the end of typhoid fever, the remedy had but slight influence; in fifteen cases the diarrhoea ceased in two days, in five cases in three days, and in three cases in four days. It seemed to act most favorably in intestinal catarrhs, especially those accompanying tuberculosis of the intestines. Only in two cases of colitis was the remedy without influence. The writer prescribed the remedy in doses of eight grammes per day, while Hayem went up to twelve and fifteen grammes. He employed the following formula:

℞ Lactic acid, . . . gms. 8	(℥ij).
Distilled water, . . . gms. 400-700	(℥. ℥xij-xxij).
Simple syrup, . . . gms. 60	(℥. ℥ij).

Sufficient for one day. To be taken in four portions.

It is especially recommended in chronic intestinal catarrh.

#### THE PYLORIC PAIN OF DYSPEPTICS.

Dr. Coutaret (*La Semaine médicale*, No. 8, 1892) recommends the following mixture as efficacious:

℞ Saturated chloroform water, gms. 300	(℥x).
Syrup of columbo, . . . gms. 100	(℥ij).
Extract of cannabis indica, cgms. 10	(grs. j½).

A teaspoonful every half hour until the pain ceases.

#### LOCAL SOCIETY NOTICES.

##### CINCINNATI MEDICAL SOCIETY.—

Tuesday evening, March 29, 1892. Owing to the time being entirely consumed by discussion of other cases at last meeting, the report of five additional cases of "Mastoid Operations," by DR. C. R. HOLMES, was made special order for this meeting.

DR. J. A. THOMPSON will read a paper on "Adenoid Vegetations of the Naso-Pharynx," with report of cases.

SUBSCRIPTIONS to LANCET-CLINIC may commence at any date.

## THE CINCINNATI LANCET-CLINIC:

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J. C. OLIVER, M.D.

L. S. COLTER, M.D.

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Cincinnati, March 26, 1892.

### Editorial.

#### SECRET REMEDIES.

The following are samples of communications which we have received since our publication of the article by Dr. W. R. Amick:

*Editors Lancet-Clinic:*

DEAR SIR:—So often has the editorial lance given in your columns home thrusts to all that smacks of quackery in and out of the profession, that we had come to regard our home journal as a standard-bearer of professional honor. Imagine our surprise to find the first article in your last issue, an elaborate setting forth of the merits of a *secret* consumption cure. Have the banners been lowered? Is the LANCET-CLINIC about to vie with the newspapers in the advertisement of the *tablets, drops and inhalations*? As one subscriber I offer my protest to this prostitution of the scientific character a medical journal should sustain.

*Editors Lancet-Clinic:*

QUERY: Is the article under the caption of "A Chemical Cure for Consumption and Asthma" a secret remedy?



advertisement, or is it to be made known for the benefit of mankind? Please publish above for the information of a subscriber.

We are frank enough to confess that we published the communication without due consideration of its import, and without a knowledge of the course he expected to pursue regarding it. We were given to understand that explanations would follow, and that the profession would be treated honorably and fairly. The course of the writer since is not such as we anticipated, and is contrary to the sentiment which prevails among physicians as proper and just to the community.

The employment of a business manager savors too much of quackery to be commended, and cannot be taken as evidence of merit in the remedy.

We have no desire to condemn any professional brother for the course he may pursue, but as we are so directly responsible for the appearance in a medical journal of an article which endorses such methods as this, we feel compelled to say that we have no sympathy with such a manner of conducting the practice of medicine, and desire it distinctly understood that we disclaim all endorsement or tolerance of it.

We repeat, also, that if Dr. Amick desires to retain the confidence and esteem of his brethren in the profession, as he has had them in the past, he must make a prompt and full explanation of the nature of his remedies.

It will not do to say that this is demanded for mercenary motives, for we know it is not true. This is not such a startling discovery as will revolutionize the treatment of this disease and draw away from physicians their patronage. Time will speedily disclose the basis upon which it rests, and we very

much fear the doctor will waken up shortly to the fact that he has made a most serious mistake in thus flying in the face of the sentiment of the profession as to the proprieties of medical practice.

#### ARE PARTY LINES DISAPPEARING?

Once in a while we are led to believe that the division between the different schools of medicine is almost an imaginary quantity; it certainly is an indefinite quantity, similar to the letter  $x$  as used in algebra. Occasionally, we run across articles that impress us with the fact that all schools are tending to a *rational* system of medicine, and that the precepts and dogmas of the ancients are fast losing their hold, because of the higher education which is becoming more and more a necessity in the study of medicine. The age of superstition is past; enlightenment, the result of education, is subjecting all theories to the crucial test of intelligence, and the result has been to lead all schools of medicine toward a common, rational view of therapeutics.

We find among the religious denominations a growing tendency to subject many of the previously accepted dogmas to the purifying fire of intelligent and rational criticism. The result cannot fail to be of benefit to all religious sects.

This same criticism and minute examination has been going on in the medical world, and the results are becoming every day more manifest. Narrow lines of practice are being replaced by broader ideas; iron-clad adherence to sectarian teachings is rapidly becoming a thing of the past, and all lines appear, at present, to converge to a point which we may, in the absence of a better term, denominate *rational medicine*.

These thoughts were very forcibly brought to our mind by reading the following editorial from the *Homœopathic News* for March, 1892, entitled "Whither Are We Drifting":

This is the title of a wailing editorial in the last number of the *Northwestern Journal of Homœopathy*.

But it seems to us more like the wail of an oriental hired mourner than genuine grief, for we know that the writer thereof has himself drifted away from that which was considered homœopathy by its strict votaries of forty years ago. He says: "The practitioners of homœopathy forty years ago who are now living, can scarcely recognize the merchantable article called homœopathy at the present day." This is true, provided the practitioner of forty years ago has remained stationary and not advanced beyond the homœopathy of Hahnemann, as taught by him in his senility.

The editor indulges in some unwarranted statements, we believe, when he asserts that while the practitioners of homœopathy have increased the last forty years from 1,000 to 10,000, "the number who really practice homœopathy are very few compared with the proportions who did so forty or twenty years ago." If he means as they did forty years ago he is right, and for good reasons, namely: If all the 10,000 homœopathists should at once commence to practice as our predecessors did forty years ago, they would soon be without practice. We venture to assert, that had not our school drifted away from the practice of forty years ago, it would have been dead and buried long since.

We cannot answer the wailing question. It can no more be answered than the wail of the Calvinist who asks, "Whither are we drifting?" But we can tell the Doctor what we have drifted away from.

We have drifted away from the practice of giving a pellet of the two hundredth or higher, and waiting thirty or sixty days for its curative effects; from the prescribing of a high dilution

by smelling the dry pellets, those same pellets "grafted" by shaking a thousand pure pellets with one medicated by the ten-thousandth.

We have drifted away from a belief in provings made by taking a single dose of the one-thousandth, thirtieth or third even, and then recording all the symptoms felt by the prover, natural symptoms, colds, diarrhœa, etc., for the next sixty days!

We have drifted away from the carrying a pocket repertory to the bedside of the patient, and recording the symptoms in columns, and a weary search in said repertory until a mechanical similimum was found. We have drifted away from the days when our pseudo-surgery was a disgraceful farce, when we expected silica to open a felon, or hepar sulphur to lance an abscess.

We have drifted away from the narration of miraculous cures with the highest attenuations, which were not cures at all, but a spontaneous finale of self-limited disease. We have drifted from the days when our practitioners would sit by the bedside of a woman dying of uterine hemorrhage, hunting in a repertory for the "indicated remedy," while the vital fluid was ebbing away, without recourse to the tampon or ergot.

We have drifted to the region of rational homœopathy, where symptoms mean something, and are not mere pegs to hang our practice on; where we distinguish intercostal from a pleuritic pain, and a cardiac neurosis from a structural lesion; where we are beginning to study the action of our drugs in some other method than by "the rule of thumb."

On one point the editor is sound. He blames the "imperfect manner in which our materia medica is taught in our school." We agree with him most sincerely.

Not until materia is taught in some other way than by "cards," "key-notes," or "guiding symptoms" alone can we lay claim to scientific teaching. A few of our colleges have discarded this plan, and the sooner others do, the better for our system. We beg the

editor not to wail. We are not "drifting into empiricism;" we are not deserting the law of similia. We are rapidly learning how to make homœopathy more respected, more powerful, and more scientific.

We are not drifting into the arms of allopathy; on the contrary, it looks as if they were being drifted against their will into our arms. Let the inter-nationals rave; they do nothing more than make themselves ridiculous. They cannot by their mutiny "wreck the old ship" upon the barren shores of transcendentalism. The American Institute of Homœopathy has a good crew now on board the "old ship," and will conduct her safely to her destination.

Personally, we believe that the above article is an indication of a healthy state of affairs, and it was with much real pleasure that we read it. It shows that bigotry is beginning to disappear, and that we may reasonably expect the chasm of ignorance which has yawned between the schools to become filled with ideas, the result of careful, painstaking investigation and liberal education and research.

We have often been impressed with the belief that the grand work which may be expected from physicians in the future must come through higher education. This will be the foundation-stone upon which the permanent structure of the science of medicine must rest.

As to the question regarding the concessions to be made, we can only say that therapeutics is far from being a fixed science; we are all drifting without fixed direction or the means of steering clear of quicksands and errors, and it makes but little difference which school is drifting the more; the pleasing and very evident truth is that we are drifting out of the fogs that have so long obscured the proper course, and into the calm seas and bright sunshine of a therapeutic science based upon the

actual pathological process present in each case. Let none of us be so unwise as to endeavor to bring back the fogs and reefs which have endangered the usefulness of medicine in the past.

#### ANOTHER VICTIM OF "CHRISTIAN SCIENCE."

The people of Ohio should require no stronger evidence of the crying need of more stringent laws regulating the practice of medicine in this State than that which has been made public in Cincinnati during the past week. A coroner's inquest has brought to light the fact that a child of three years was permitted to suffer for more than a week, and finally to die in convulsions, without a physician being called in or any medicine being administered. This murderous neglect on the part of the parents of this innocent and helpless child was not because they were not solicitous for its recovery, but because they were disciples of that abomination of abominations which parades under the misnomer of "Christian Science." An avowed exponent and leader of this deluded sect, which is neither Christian nor scientific, was consulted when the child was first taken ill, and for a week gave it what they term "absent treatment." Finally, the day before its death, the child's condition becoming alarming, she visited it at its home and gave it different treatment (?). When asked at the coronial investigation to explain the nature of this treatment, she replied that none but the initiated could comprehend it; it was a new kind of prayer, a prayer which is "realizing the truth." She further stated that no other treatment than that given in this case is ever given by them in any cases of sickness or injury. A broken arm or severed artery would be treated in

the same manner, as they are not permitted by their method to ever touch a patient.

And yet these people continue to trifle in this manner with human life, unmolested by the laws of this great State. The voice of protest should be heard all over the land demanding statutes prohibiting men and women from engaging in any form of medical practice without first acquiring a thorough knowledge of the arts of healing as developed by the experience of centuries.

#### EDITORIAL NOTES.

THE Southwestern Ohio Medical Association holds its sixth semi-annual session at Wilmington, Thursday and Friday, April 7 and 8, 1892.

The programme is an excellent one, and as the place of meeting is a convenient one a large number of physicians should attend. Dr. R. T. Trimble, of New Vienna, is President of the society, and Dr. Wm. Scott, of Loveland, is the Secretary.

THE commencement exercises of the Medical College of Ohio take place upon the evening of April 7, and those of the Miami Medical College on Friday evening, April 1.

The graduating classes will be somewhat smaller than those of previous years, but the quality will be excellent.

ANOTHER medical bill, practically the same as the previous one, has been introduced into the Legislature, and the promises of success are much better than were they previously. Let every physician write to his Representative for a copy of the bill, and then write his opinion of the bill to the Representative of his district.

#### SOUTHWESTERN OHIO MEDICAL ASSOCIATION.

The Sixth Semi-Annual Session will be held at Wilmington, O., Thursday and Friday, April 7 and 8, 1892. The following is the programme:

*Thursday, April 7, 10 a.m.*

Call to order. Reading of Minutes.  
Address of Welcome. Dr. A. T. Quinn, Wilmington, O.  
Response. By the President.  
The Sometime of Medicine. Dr. T. Donaldson, Port Williams, Clinton County, O.

*Thursday, April 7, 1:30 p.m.*

Injuries Involving the Elbow Joint. Dr. Travis Carroll, Hamilton County.  
A Paper. Dr. N. B. Vanwinkle, Clinton County.

Diseases of the Eye-Lids and Refractive Anomalies of the Eye. Dr. David DeBeck, Cincinnati.

The Management of the Parturient Period. Dr. B. H. Blair, Warren County.

A Paper. Dr. T. V. Fitzpatrick, Hamilton County.

*Thursday, April 7, 7:30 p.m.*

Typhoid Fever With Some Obscure Characteristics. Dr. G. W. Wire, Wilmington.

The evening will be spent in the discussion of typhoid fever and the report of cases.

*Friday, April 8, 9:30 a.m.*

#### VOLUNTEER PAPERS.

Gastric Catarrh. Dr. George R. Conrad, New Vienna.

A Paper. Dr. Rufus B. Hall, Cincinnati.

The Relation of Gynecic Surgery to Asylum Reform. Dr. C. A. L. Reed, Cincinnati.

The Physiology of the Nose—A Guide to Treatment. Dr. J. A. Thompson, Hamilton County.

Perinorrhaphy. Dr. A. D. Murphy, Warren County.

*Friday, April 8, 1:30 p.m.*

#### VOLUNTEER PAPERS.

The Operative Surgery of Pott's Disease. Dr. J. C. Oliver, Cincinnati.

An Accidental Puncture of the Uterus in Removing a Polypus, with the Report of a Case. Dr. Edwin Ricketts, Cincinnati.

#### REPORTS OF CASES.

The discussions will be general. All physicians in good standing, whether members are not, are invited to be present and join in the exercises.

Respectfully,

WM. SCOTT, Secretary.

#### CASE OF DERMOID CYST IN A MALE.

Dr. Joseph Eastman, M.D., of Indianapolis, Ind., reports the following case in the *Virginia Medical Monthly*, March, 1892:

September 15, 1891, by Dr. W. E. Barnum, of Manilla, Ind., in regard to Mr. W—, aged thirty-three, married, and the father of three children. His appearance was that of extreme emaciation and weakness. He had severe lancinating pains in the right iliac region, where, on examination, was found a large mass, apparently involving the cæcum. The case was pronounced cancer, and advice given against operative interference.

Two weeks later the man began passing bones per rectum, which, to all appearances, were those of a human skeleton, but very small. An explorative laparotomy was then performed, and on opening the abdominal cavity, there was found involving the cæcum a sac two-thirds as large as a human head, originating, in his opinion, from the spermatic cord. On puncturing the sac a quantity of pus, together with a number of bones, poured out. There was an opening from the sac into the bowel. The bones represented the various parts of a human skeleton—scapula, clavicle, numerous phalanges, etc. The ossa innominata were particularly well formed. The edges of the sac were stitched to the abdominal wall; drainage was secured by means of antiseptic gauze, packed into the sac, and the wound closed. The man lived twelve days, dying from inanition. No post-mortem was held.

## Bibliography.

### MEDICAL LITERATURE REVIEWED TO DATE.

#### A MANUAL OF OPERATIVE SURGERY.

By FREDERICK TREVES, F.R.C.S., Surgeon to and Lecturer on Anatomy at the London Hospital; Member of the Board of Examiners of the Royal College of Surgeons. With 422 illustrations. Published by Lea Brothers & Co., Philadelphia. 1892.

Two volumes, of about 800 pages each, are devoted to the subject. At the outset we desire to commend the wisdom displayed in dividing the work into two volumes, because it renders the work much more handy, and gives us books that are easy to handle. We much prefer this arrangement to one large, unwieldy volume.

The first volume considers: general principles, anæsthetics, operations upon arteries and nerves, amputations, excisions, and operations upon bones, joints and tendons.

In the second volume are considered: plastic surgery, operations upon the neck and abdomen, operations on hernia, operations upon the bladder, scrotum, penis and rectum, and operations upon the head and spine, thorax and breast.

Because of the magnitude of the work one cannot attempt a detailed review, but must content himself with a review more or less general in its character.

The fame and well-known ability of the author at once bespeaks the fact that the work is worthy of careful and close perusal, for all physicians know that his name is synonymous with careful and painstaking effort; therefore the book must immediately be placed in the category of valuable and scientific works.

The opening sentence of the preface explains very tersely the scope and aim of the book: "The present work concerns itself solely with the practical aspects of treatment by operation, with the technical details of operative surgery, and with such part of the surgeon's work as comes within the limits of a handicraft."

We are pleased to note that the author abandons the time-honored dictum of the majority of English surgeons and says: "Generally speaking, nitrous oxide is the best anæsthetic for very brief operations; and ether for longer cases." He then gives a table of cases suitable for A. C. E. mixture, and for chloroform. These tables are evidently the result of much thought upon the subject, and probably are as accurate as any tables upon this subject can be; some of the suggestions are, however, open to criticism.

Nearly 300 pages are devoted to the subject of amputation. In many respects this forms the most complete chapter upon this subject with which we are acquainted, and one is well repaid for a careful perusal of the same.

The rest of the work is in keeping with the subjects referred to; the illustrations are clear and excellent; the paper and general make-up of the volumes are all that could be desired.

In conclusion we feel that simple justice compels us to give the entire work our warmest commendation, and we earnestly advise all those who are specially interested in surgery to add this work to their library, consult it frequently, and feel grateful to the author for the accurate and patient labor expended in its production.

#### A PRACTICAL MANUAL OF THE DISEASES OF THE SKIN.

By GEORGE H. ROHE, M.D., Professor of Materia Medica, Therapeutics, and Hygiene, and formerly Professor of Dermatology in the College of Physicians and Surgeons, Baltimore, etc., assisted by J. WILLIAMS LORD, A.B., M.D., Lecturer on Dermatology and Bandaging in the College of Physicians and Surgeons; Assistant Physician to the Skin Department in the Dispensary of Johns Hopkins Hospital.

This work, which is No. 13 in the "Physicians' and Students' Ready Reference" series, is well bound and of convenient size. The book aims to be practical, and practical it surely is. The style is good, and the descriptions concise and to the point. The chapter on the syphilides is especially good, and we are pleased to see that the author

lays especial stress on the *local* treatment of the later manifestations of this disease. Differing from the Vienna school, he advises beginning the general treatment as soon as the diagnosis of the "initial lesion" is made, with which advice we cannot agree. The subjects of differential diagnosis and treatment are thoroughly taken up and discussed. A number of formulæ, in the back of the book, should be convenient for the busy practitioner. The book, as the author hopes, appears to us to be thoroughly practical, and should be in the library of every student and practitioner of medicine.

W. L. M.

#### BROCHURES RECEIVED.

Lectures on Surgical Pathology. Delivered before the College of Physicians of Philadelphia. 1890-91. By Roswell Park, A.M., M.D. Reprinted from the *Annals of Surgery*.

Tenotomy by Open Incision—The Pathology of Hip-Joint Disease. By H. Augustus Wilson, M.D. Reprints.

Transactions of the College of Physicians of Philadelphia. Third series. Volume XIII. 1891.

Annual Report of St. Mary's Hospital, Cincinnati, O.

Catalogue of the University of Cincinnati. 1891-92.

#### THE ABORTIVE TREATMENT OF INGUINAL BUBOES.

Blaschko (*Deutsche Medizinal-Zeitung*, 13 Jahr., No. 3) claims that inguinal buboes, even if they be suppurating, and fluctuation be distinctly perceptible, can, in nearly all cases, be aborted by the use of mercury plasters and warm poultices. Patients so treated can pursue their ordinary avocations, and are healed at the end of three or four weeks; about the same period required in case the cutting operation is undertaken. Mercury plaster is first applied, and over this is placed the poultice, which is changed from time to time as required.—*Therap. Gazette*.

## Selections.

### FROM CURRENT MEDICAL LITERATURE.

#### CAUSES OF FAILURE TO ABORT SYPHILIS BY EXCISION OF THE INITIAL LESION.

Excision of the chancre in the hope of aborting syphilis is an old procedure that has at times been quite extensively practiced. It has, however, never gained a permanent foothold; of a total of about 460 cases on record, in only 160 have successful results been claimed. By far the larger number of syphilographers of to-day are opposed to the practice, but among the minority who still adhere to it is the learned syphilographer of Paris, Jullien, who, in a recent article based upon an extensive experience, says: "I believe in the possibility of interrupting or attenuating the course of syphilis at the time of the initial sclerosis; we should not fold our arms during the period in which a patient's existence is to be decided, or think that all is lost before anything has been commenced."

Taylor (*Medical Record*, 1891, No. 1,078) has reported a series of cases illustrative of the inutility of excision of the chancre. In one case, a minute papule was first observed twenty days after the patient had indulged in sexual intercourse with a syphilitic. The sore was touched with pure nitric acid, and the greatest care was exercised to secure thorough removal of the lesion without contaminating the adjacent healthy tissues. The wound healed kindly; yet, notwithstanding the precaution that had been taken, the inguinal ganglia were typically enlarged thirty days after operation, and twelve days later general syphilitic manifestations appeared. In the second case, a minute fissure appeared on the dorsum of the penis seventeen days after sexual intercourse with a syphilitic. A piece of skin including the fissure, measuring half an inch by three-quarters of an inch, was excised. Healing was interrupted, and the scar showed no in-

duration; but, twenty days after the operation, there was well marked inguinal adenopathy, and subsequently, the usual secondary manifestations appeared. In the third case, an examination preliminary to the performance of circumcision revealed the presence, on the free border of the prepuce, of a small, brownish-red, not excoriated papule, about the size of the head of a small tack, which had appeared on the preceding day, two weeks after sexual intercourse. The operation was performed four days later. At this time there was no perceptible enlargement of the inguinal ganglia. As the prepuce was quite redundant, fully an inch and a half of tissue was removed; healing was prompt, without induration of the cicatrix. Thirteen days after the operation inguinal adenopathy was quite evident. Thirty-two days later a typical roseola appeared; shortly before this, minute hard cords could be detected on the dorsum of the penis. On microscopic examination of the excised portion of the prepuce, there was found at the site of the initial lesion a small, superficial, and sharply-circumscribed ulcer, surrounded by almost normal skin, except that the peri-vascular spaces were distended with small round cells, and the endothelial cells lining the arteries and veins were swollen, and appeared to be proliferating. This cell-investment extended a considerable distance beyond the ulcer. This condition of the blood-vessels seems to show that when the primary sore is quite small and of only a few days' duration, syphilis is deeply rooted and, in all probability, has involved the vessels even before the appearance of the sore.

For comparative purposes, microscopic examination was made of a prepuce upon the lower part of which, near the frænum, was a typical hard chancre of ten days' duration. It was found that at a distance of fully an inch and a half from the chancre, the cell-changes around the vessels were very decided, the cells being in process of active proliferation. As an instance of the great rapidity of the syphilitic infection, reference is made to the now

classical case reported by Berkeley-Hill, in which thorough cauterization of a lacerated frenum, within twelve hours after coitus, proved powerless to prevent the development of syphilis. As a further confirmation of the view that the process of infection in syphilis is from the beginning one of constant growth and diffusion, reference is made to the observations of Kuleneff on the so-called lymphatic cord of syphilis. The cords were excised from the dorsum and sides of the penis in five cases, in which the chancres were of from a fortnight's to two months' duration. These cords were found to be dependent upon syphilitic endo-phlebitis and peri-phlebitis, the morbid process commencing primarily in the wall of the vein, probably in the inner coat. The tendency of the cell-infiltration to pass into young connective-tissue elements seems to indicate that the nature of the morbid process is identical with that of the initial syphilitic sclerosis; and, according to Kuleneff, the development of this cord should be regarded as an early manifestation of vascular lesions in syphilitic patients.

In view of the facts, it seems probable that, contrary to the views heretofore held, in the first period of incubation, the infectious agent of syphilis is being rapidly diffused, instead of, as formerly supposed, smouldering in a cold and aphlegmasiac manner in a sharply-limited area.—*Phila. Medical News*.

#### ON THE ABUSE OF THE POLITZER INFLATION IN THE TREATMENT OF EAR-DISEASE.

Under this heading, Prof. Buerkner, in the *Berl. Klin. Wochenschrift* of November 3, 1891, deals with the limitations of this most valuable and epoch-making measure, and reiterates the counter-indications to its use. So often has he seen harm result from its misuse, especially in lay hands, that he would restrict it to the suppurating cases and those with bilateral non-sclerotic catarrh, particularly among children. The tendency of the air to pass to the unobstructed side is dwelt

upon, with its likelihood of unduly stretching the normal drum membrane, damaging the hearing and setting up a troublesome tinnitus in the ear previously normal, and this most probably when the employment has been left to lay hands, and when any gain in the diseased ear seems the more marked and encouraging by comparison with the deteriorating hearing of the other. The escape of compressed air into the stomach in some cases is also cited as an incidental disadvantage. When left in the patient's hands in the most appropriate case, the Politzer bag is almost sure to be passed on to others to whom it may prove disastrous. Buerkner has known this ready instrument to be vigorously employed for months, where inspection would have shown that the deafness was wholly due to cerumen or other trouble of the external meatus, not to speak of labyrinthine cases where it was slightly, and sclerotic ears in which it was seriously harmful.

While there are certain safeguards possible in its use, and some sharing of its dangers by the preferred method of catheterization, the points, though not new, are well taken, and deserve careful consideration by all who employ the Politzer method.—*Therapeutic Gazette*.

#### CANCER OF THE TESTICLE IN CHILD.

Drs. Sabrazes and Fromaget, Bordeaux, France, communicate the following to the *Journal de Médecine de Bordeaux*, No. 20, 1890:

A young child, two and a half years of age, presented a round and regular tumor of the left testicle of about the size of a small orange. It was heavy, tense, opaque and but little sensitive to pressure. The scrotum, which was covered with a network of veins, was free from adhesions, and the spermatic cord seemed normal. No enlarged glands could be detected, either in the groins or pelvis. Castration was performed, and a solid and voluminous tumor removed, involving the whole testicle, except the epididymis. Three



ligatures were applied to the spermatic cord, which the tumor had implicated, the scrotum was stitched up, drained and dressed antiseptically. Recovery took place without complication, except a slight œdematous induration of the scrotum and concomitant rise in temperature immediately following the operation. The tumor, on microscopic examination, was found to be an epithelial cancer. The writers emphasize the rarity of tumors of the testicle in children.

Charles Monod reported in the *Progrès Medical*, 1884, twenty-six cases of malignant tumor of the testicles in children, of which in the majority of cases the growth was either sarcoma or carcinoma; in two the tumor in question was a true enchondroma. To these may be added a case described by M. Piechand in his *Leçons Cliniques*, Bordeaux, 1889. The prognosis of these neoplasms is so grave that M. Monod thinks these patients condemned to certain death in six months to a year. —*Annals of Surgery*.

#### CRITICISM ON SOME OF THE LESSER GYNECOLOGICAL OPERATIONS.

Croom (*Edinburgh Med. Journal*) says three factors seem at work in modifying our opinions very considerably with regard to many of the minor gynecological operations and appliances which have been in constant use. These three factors are: (1) The improvement in and education of practitioners in the simple manual examination of the pelvic organs; (2) an improved and revised pathology of the intra-vaginal portion of the cervix; and (3) perhaps especially the increased knowledge which abdominal section has thrown upon the contents of the pelvis. The fact has been forced upon the author that a large number of cases where abdominal operations have become imperative have been distinctly traceable to interference, more or less marked, with the uterus. He condemns in unmeasured terms, the speculum, the sound, the intra-uterine stem. He extols dilatation of the cervix and curetting.

He calls attention to three rules:

1. That the diagnosis of all pelvic and most pelvi-abdominal conditions should be made slowly and gently with the unaided hands, and upon the examination thus made the practitioner should train himself to rely.

2. That no mechanical aids to sight or touch should be employed, except under exceptional circumstances.

3. That as a large proportion of the risks and accidents of *minor* gynecological operations are due to a want of appreciation on the part of the physician of the condition of the uterine appendages, no operation, however trivial, should be undertaken until their state and relations have been ascertained with as much accuracy as possible. —*Four. Am. Med. Assn.*

#### GONORRHOÆAL CYSTITIS.

Du Mesnil (*Virchow's Archiv*, Vol. CXXVI, 1891, Part III) denies that there is such a thing as specific gonorrhœal cystitis. When gonococci are found in the urine, they have, in all probability, entered with urethral pus, and are not new products developed from true specific inflammation of the vesical mucous membrane itself. In women pus from the urethra or vagina might easily get into the bladder in this manner. Du Mesnil maintains, on the strength of fresh researches, that gonococci cannot alter the composition of the urine, and that cystitis with ammoniacal urine is not produced by these germs. Indeed, the urine renders the gonococci harmless or kills them entirely.

—*British Med. Journal*.

#### SORE THROAT.

A gargle of hot claret often affords much relief in cases of acute catarrhal pharyngitis. When the inflammation is rheumatic in character, a spray of the following (*Med. Record*) is useful:

℞ Morphine,	gr. iv.
Ac. carbolic,	
Ac. tannic,	aa 3 ss.
Glycerini,	
Aquæ dest.	aa 3 iv. M.

Sig.: Use as a spray in the throat, about a teaspoonful at a time.

## TWO CASES OF BRAIN ABSCESS SUCCESSFULLY TREATED BY OPENING THE SKULL AND DRAINAGE.

Dr. B. B. Gallaudet (New York Academy of Medicine) presented the cases.

The first occurred in a boy, aged twelve years, who fell and struck the head, causing a depressed fracture. A week after the injury the boy began to be a little stupid and dull. Nothing further was observed until a week before his entrance to the hospital, when several convulsions of the muscles of the right side of the face had occurred. There were no more convulsions after his admission to the hospital. His mental condition was somewhat dull. About two inches above and posterior to the top of the ear there was a small scar; the boy was up and about for four weeks, during which time he showed mental improvement. Then there developed fluctuation over the scar. A small incision let out about a drachm of pus, and afterward more pus came from within the cranium. A few hours later ether was administered, a small portion of eroded bone was removed, pus escaped through an incision into the dura, the hole into the skull was further enlarged, the dura split open, and there at once escaped half an ounce of pus. The cavity within measured nearly an inch in diameter. It was washed out with Thiersch's solution. The boy made a good recovery, his mental condition having again become normal.

The second case occurred in a girl, aged six, who was admitted to the hospital August 29 last, with a history that she had just fallen from the third story of a house, struck her head on the sidewalk, and was brought immediately to the hospital. There were general symptoms of extreme cerebral concussion. Locally a soft hæmatoma was found, extending an inch or more over the right supra-orbital arch; no fracture could be detected by ordinary means, and owing to the extremely prostrated condition of the patient, it was not thought advisable to cut down im-

mediately on the hæmatoma. The patient's condition continued about the same until September 7, nine days after the injury, by which time the hæmatoma had become larger and the patient had become restless and irritable. A trephining operation was then performed, a pus-cavity was washed out, the depressed portion of bone raised and fragments removed; the finger was introduced as far as an inch and a half into the frontal lobe of the brain, where the pus-cavity had existed. The cavity was washed out with Thiersch's solution, and iodoform gauze dressing applied. The patient after some days had completely recovered, and, so far as could be observed, had regained her normal mental state.—*Med. Record.*

## THE SUBSEQUENT RESULTS OF SIMPLE RESECTION OF THE SCROTUM AS A TREATMENT FOR VARIOCELE.

Wickham, in the *Revue Générale de Clinique et de Thérapeutique*, December, 1891, gives the ultimate results of five cases of this operation. In performing it one should resect, from the parts on either side of the raphe, a sufficient quantity of skin, so that the scar will fall in the median line and appear like a normal raphe. The remaining skin supports the testicles, and presses them up against the external abdominal rings. The operation is easy of performance, but care should be taken to excise a sufficient amount of skin, and a special clamp devised for the purpose had better be used. The first case, aged forty-four, for several months had pain while walking for any distance. The operation above described was performed, and three years later the scrotum had not enlarged, but was of normal dimensions. The veins appeared normal to the touch, and all pain had disappeared. The second case, a man, aged thirty-eight years, was also found completely cured after a lapse of three years. Case three, aged twenty-nine years, had a long and flaccid scrotum. Two years after the operation there was no pain, and the scrotum normal in size. Case

four, a young man aged nineteen, had a large varicocele and relaxed scrotum. Nearly four years after he had been operated upon, his condition was perfect. The fifth case was aged thirty-three years, and after three years and a quarter was still found perfectly cured.

These cases show the good results to be obtained by excising a portion of the scrotum in cases of varicocele. While one cannot say the disease will never return, still the statistics compare favorably with those of operations, for the same condition, on the veins themselves; also, as the operation can hardly be deemed other than one of expediency, it has the advantage of not endangering life. There is one contraindication to its performance, and that is when the pains complained of are increased by the wearing of a suspensory badge.—*University Med. Magazine*, February, 1892.

#### THE INFECTIVITY OF TUBERCULOSIS.

The certainty that tuberculosis is an infective disease has for some time been one of the recognized truths of medical science. With the growth of our knowledge of tuberculous processes, since Koch's great discovery of the tubercle bacillus, much infallible evidence has been collected bearing upon this point, and while year by year more and more attention is being drawn to the mode of propagation of tuberculosis by infection, there is still much reason for supposing that more yet remains to be done in this direction. Practically speaking, it is only within the past few years that necessity for preventive methods in regard to the dissemination of the disease has been recognized. As the natural history of the bacillus has been evolved by the patient work of various investigators, and as we have learned, so to speak, its habits and "where it comes from and whither it goes," our task of circumventing its effort to propagate itself has been much more easy of accomplishment, and for this reason probably correspondingly more successful.

It is, however, only fair to admit

that the profession generally owes a good deal to the German bacteriologists for their vigorous insistence upon, and uncompromising advocacy of, the belief in the infective nature of tuberculosis. Even now in Germany, we believe, phthisis is regarded as infective as the zymotic diseases. Cases of pulmonary tuberculosis are treated in the hospitals, not in the general, but in the fever wards, together with patients who are suffering from scarlet fever, and other similar acute infective disorders. Moreover, in the German prisons, rules have been formulated forbidding the reception of phthisical prisoners, and if by some means a prisoner suffering from this malady has been retained in a cell, the earliest opportunity is taken to have him removed, while the most elaborate processes of disinfection are carried out in order to prevent the cell from becoming the source of propagation of infection. All these measures are undoubtedly serviceable, even if not absolutely essential, but, at the same time, it must be admitted that the profession in this country have scarcely yet conceded the necessity of adopting such advanced methods of prevention as these.

Apparently, our German *confrères* recognize no limit to the infectiveness of tuberculosis. Moreover, it would seem that they have for some years now acted upon this hypothesis, whereas we are only being educated up to this standard. It is true that within the past few months more active steps have been taken to give expression to their views in this country: the appointment, for example, of the Commission on Tuberculosis—how very modest this Commission must be, we never hear anything of its work—was undoubtedly a step in the right direction, and there are not wanting signs that the importance of this subject is at last beginning to be recognized in other than professional circles. In this connection, however, it is impossible to dispute that, until we are prepared to emulate the example of our German *confrères* in combating the dissemination of tuberculosis, we cannot expect much assistance from the public in this

respect. Half-measures in the case of preventive methods against an infective disease can scarcely be held to be of much avail; tuberculosis is either infective or it is not, but if it be so, then no measures can be too stringent for the prevention of its dissemination. This is the proper aspect from which to view the subject, and this is undoubtedly the view which medical practitioners should impress upon the minds of their patients and friends.

To show how little the infectivity of tuberculosis has come to be appreciated by the public mind, reference need only be made to the expressions of surprise which invariably greet the propounder of this doctrine among lay persons. Of course, the difficulty to be overcome in this matter is that of making the laity comprehend that all sources of infection have not the same characteristics as, say, those which belong to scarlet fever. The results of the infection of scarlet fever are seen within a few days, therefore the laity can understand that it is infectious; but it is quite another matter to cause them to believe that a disease is infectious the effects of which may take months to develop. Herein, then, there is plainly much scope for enlightenment among those to whom the facts in question would be calculated to be of the utmost service, and the sooner that a more universal recognition and appreciation of the infectivity of tuberculosis prevails, the sooner may it be expected that some tangible proof of the teaching upon this subject will be available for useful and congratulatory comparison.

It may here be noted with satisfaction that the Medico-Chirurgical Society of Glasgow has memorialized the Town Council of that city, calling attention to the fact that tuberculosis is now fully recognized as an infective disease, and asking them to take the matter into their serious consideration with a view to the protection of the community from infection. The memorial in question sets forth many convincing arguments calculated to impress those to whom it is addressed, and should undoubtedly lead to active

measures being taken under the advice of their medical officers by the Glasgow Town Council. We have no doubt that if practical recognition of the fact of the infectivity of tuberculosis were given effect to by the various Town Councils throughout the country by means of resolutions enforcing definite rules adapted to prevent the dissemination of the disease, much good would be certain to accrue. It is, however, extremely unlikely that these municipal bodies would take the initiative themselves, and hence there is all the more reason that the profession should stir in the matter, and that influential medical authorities should lose no opportunity of representing to them what may strictly be called the urgency of so important a movement in the interests of the public health.—Editorial in *The Medical Press*.

#### ON THE RELATIVE VALUE OF PERINEAL AND SUPRAPUBIC LITHOTOMY.

Dr. Wilhelm T. Lindenbaum, Jaroslavl, Russia, (*Meditsinskoié Obozrénie*, No. 2, 1891, p. 133) in the course of the last nine years, has made 79 perineal lithotomies in children under fifteen years of age, with 2 deaths; and 32 in adults, with 8 deaths. Besides, during 1890 he performed 10 supra-pubic lithotomies in patients aged from eight to fifty-two years, with 1 death (the fatal case referred to, a man of fifty-two, with pulmonary tuberculosis and fatty heart). The high operation was conducted after the following rule:

1. All instruments were sterilized.
2. Colpeurynter was introduced into the rectum.
3. The bladder was filled up with 250 ccm. of a salicylic solution.
4. Drainage was inserted (no vesical sutures being employed).
5. The patient was kept on his abdomen for from eight to ten days.
6. The dressing was changed once daily.

The urine began to flow through the urethra, on an average, on the twentieth day, the wound soundly

healing on the thirtieth. As far as young children are concerned, suturing the bladder is thought to be very difficult, and, on the other hand, quite superfluous, since a healthy urine does not irritate the wound. The author's general corollaries are as follows:

1. Perineal lithotomy in early childhood represents a safe operation and gives excellent results. A relatively enormous percentage of deaths in old age can be explained by the coexistence of grave complications about viscera (especially kidneys).

2. Suprapubic lithotomy does not offer any important advantages over the perineal operation. The mortality remains yet very high, even in children.

3. Still, speaking generally, in the presence of stones, measuring above 2 cm. in diameter, the high section should be preferred, but in cases of smaller calculi perineal lithotomy should be performed.—*Annals of Surgery*.

#### LITHOLAPAXY IN CHILDREN.

Dr. Leonty P. Alexandroff, Moscow, Russia, (*Vratch*, No. 3, 1891, p. 86) house surgeon to St. Olga's Hospital for Children, communicates 32 cases of Bigelow's litholapaxy performed by him in patients aged from one to fourteen years. Five cases ended in death, in three of them the issue being directly due to the operation (to rupture of the urethra, with extensive hemorrhagic infiltrations of the adjacent tissues, and consecutive phlegmon of the penis, and pyæmia), while of the other two, one died on the sixth day from supervening double pneumonia, and one from peritonitis, developing secondarily to a sub-diaphragmatic abscess (in connection with an old empyema fistula). The remaining 27 children survived, recovery ensuing in from two to seventeen days (on an average in six). The size of the stone was in four cases under one cm.; in twelve, from one to two; in eight, two cm., and three, two and five-tenths. The operation was conducted under chloroform, the calculus being crushed by means of Colin's lithotrite, No. 00 (corresponding to No. 14 French), and detritus removed by means

of Clover's evacuating apparatus (with a boracic acid solution).

The author's general conclusion may be given as follows:

1. Litholapaxy can be successfully practiced not only in adults, but also in children.

2. An urethra, freely admitting an instrument, No. 14 French, or No. 7 English, should be regarded as the limit for a safe performance of the operation.

3. Stones measuring above 2.5 centimetres in their smallest diameter can be safely crushed only in such boys whose urethra freely admits larger instruments than those mentioned above; otherwise the issue of litholapaxy will be doubtful.

4. The operation should be always performed by means of a fenestrated lithotrite.

5. In the absence of the said conditions, suprapubic lithotomy with suturing the bladder should be resorted to, the operation giving excellent results in children.—*Annals of Surgery*.

#### THE PATHOLOGY OF VERTIGO.

Dr. C. W. Suckling, in an interesting communication on vertigo to the *Birmingham Med. Rev.*, November, 1891, draws attention to the following points:

Vertigo, is a symptom, not a disease. It results from many morbid conditions. It is more frequently due to functional disorders than to organic disease of the brain. It is the consciousness of disordered equilibration, and is produced generally by a want of harmony in the impressions derived from the senses which subserve equilibration. The senses are: the impressions gathered by the terminations of the auditory nerves in the membranous labyrinth, especially the semicircular canals; sight, and the muscular sense of the muscles of the eyeballs; touch, especially plantar touch; muscular, and possibly articular and visceral, sensibility. The co-ordinating centre is situated in the middle lobe of the cerebellum. The motor apparatus is found by the muscles of the head, neck, spine, and lower ex-

tremities. Derangement of any part of this mechanism may lead to vertigo; but the great organ of special sense for equilibration is formed by the semicircular canals. Vomiting nearly always accompanies intense vertigo, and is not nearly so suggestive of serious disease as it is when it accompanies headache.

Dr. Suckling classifies the forms of vertigo as as: (1) *Aural or labyrinthine* vertigo; (2) *Ocular*; (3) *Vascular*; (4) *Dyspeptic*; (5) *Nervous*; (6) *Epileptic*; (7) *Due to Organic Brain Disease*; (8) *Toxic*; (9) *From Reflex Irritation*.

The first variety (Menière's disease) is by far the most important variety, though cerebral anæmia and brain exhaustion are the most common causes of vertigo. Menière's disease is characterized by three symptoms:—vertigo, which is severe and paroxysmal; tinnitus; and deafness. All these symptoms may be paroxysmal, but usually deafness and tinnitus are constant, though much increased during the paroxysmal attacks. Menière's disease is rare under twenty, more common after forty, and especially found during the degenerative period of life. The bromides hold, in Dr. Suckling's opinion, the first place in the treatment. In ocular vertigo, some error of refraction is usually present. Vertigo from disturbance in the blood-supply to the brain is of frequent occurrence; it is as a rule continuous and paroxysmal. Some authorities deny that gastric vertigo exists, deeming all such cases to be really aural. Vertigo occurs as an idiosyncrasy in some people after eating certain articles of food. Nervous vertigo is produced by cerebral exhaustion; and it requires to be treated by rest, change of air, alcoholic stimulants, iron, and strychnine. Epileptic vertigo requires a continuous treatment with the mixed bromides. Vertigo from organic disease may result from tumors situated in any part of the encephalon, but it especially occurs in tumors or lesion of the cerebellum and its peduncles, and of the pons. Under toxic vertigo we may include the vertigo of uræmia, gout, specific fevers, tobacco,

alcohol, and drugs. In giddiness, convulsions, or other nervous disturbance in children, worms should always be suspected.—*Practitioner*.

#### CHROMIC ACID IN SYPHILITIC ULCERATION.

Dr. Ernest Feibes (*Therapeutische Monatshefte*, No. 11, 1891) confirms the great value of this remedy, as pointed out by Schuster, Vidal, Butlin, and others. He states that he always uses chromic acid in the local treatment of syphilides of the mucous membrane, and with results to be obtained by no other methods, so that the application of the nitrate of silver point falls more and more into disuse.

A case is quoted of a man who had already been treated for several weeks, on account of specific ulcers of the tongue, with mercurial pills and the local application of nitrate of silver. The result not being satisfactory, the patient was put through a course of inunction, and the parts touched with the silver point. No change being perceptible within ten days, a solution of chromic acid (one to two) was used locally. After the application the ulcer was seen covered with a yellow pellicle, which separated in two days, showing the affected part much smaller; and complete healing occurred within eight days, the ulcer being touched every second day.

Ten cases of broken-down gummatous nodules of the tongue were treated with chromic acid and did extremely well, healing in a much shorter time than with the nitrate of silver treatment. The application is but slightly painful, though the taste is very objectionable. Mucous patches are rapidly removed by the chromic acid solution. Feibes has repeatedly seen them disappear in two to three days. A similar result is obtained in cracks around the angle of the mouth. One of the most obstinate forms of syphilis of the mouth, the specific *lingua geographica*, is affected by no treatment so readily as by this. In such a case, the tongue was carefully dried with cotton wool, and so isolated, after which concen-

trated chromic acid solution was applied by means of a brush, allowed to remain on for some minutes, and then washed off with acetate of aluminium solution. In three days, the necrotic tissue had separated, displaying the normal looking tongue. Five such applications within fourteen days sufficed for a complete cure. Eleven cases of lingual psoriasis were likewise treated satisfactorily. When warty irregularities were present, they were first scraped with the sharp spoon, and when the bleeding had ceased, touched with chromic acid.

Finally, Feibes has found the acid very useful in mercurial stomatitis. Here a fine sound, carrying cotton-wool, is introduced between the tooth and the gum, and the foul matter carefully removed. Another sound dipped in concentrated chromic acid solution is then inserted between the gum and tooth, and the patient directed to use acidulated chloroform water on account of the disagreeable taste. This method has yielded most excellent results.—*Practitioner*.

#### PROLAPSE OF PREGNANT UTERUS: "EXTRA-ABDOMINAL DELIV- ERY" AT TERM.

F. Stein (*Wien. med. Blätter*, December 3, 1891) was called in to a woman already several hours in labor. The midwives declared that labor was impeded by a great tumor growing from the vulva. The patient was a weakly, dwarfish woman, about twenty-two years of age. She had already borne a child. Stein discovered a round mass as big as a child's head, which had descended out of the pelvis with its contents. The os was dilated, and the child's occiput presented. In fact, the greater part of the uterus, except the fundus, had been forced out of the pelvis by the pains. At the end of two hours the child was delivered, slipping out of the uterus as though from a sac. The pains had been strong and regular throughout. All Stein could do was to support the uterus during the pains, lest it should protrude further or tear off from some of the

important structures which serve as its ligaments. The child was well developed and living; it was born at term. The uterus was carefully replaced, with antiseptic precautions, after delivery. No evidence of malformed pelvis could be detected, the measurements being normal. After recovery the patient was able to return to work, a suitable pessary having been applied.

Stein observes that it was most instructive to watch the progressive dilatation, gradual thinning, and ultimate effacement of the os as the pains progressed.—*British Med. Jour.*

#### EFFECTS OF THE ADMINISTRATION OF SULFONAL.

Dr. Sgobbo Francesco, of Naples, in making a series of observations, published in *Annali di Neurologia*, Fac. II, 1891, came to the following conclusions:

1. That sulfonal is a good hypnotic.
2. That given in doses of three grammes it exhibits an action over the heart and blood-vessels, reinforcing the systole and increasing the vascular tone of the arteries. This action upon the vessels is not continuous, for after a certain time there is dilatation and a progressive loss of elasticity, beginning first in the vessels of the brain, then extending to the periphery. The alterations in the vessels stand in relation to the amount of the drug taken.—*Buffalo Med. Journal*.

#### EIGHTEEN MONTHS' PREGNANCY IN IMPERFORATE HALF OF A UTERUS BICORNIS UNICOLLIS.

S. Ginsberg (*Centralbl. f. Gynäk.*, No. 3, 1892) describes a case where a woman was pregnant to term, and after term bore the child for nine months. A large tumor could be detected, and the uterus appeared to lie on one side of it. Professor Pfannenstiel, of Breslau, performed abdominal section and removed the parts. The patient recovered. On careful examination, it was found that the uterus was divided into two halves with one cervix. There

was atresia on the right side, the cavity containing a macerated full-term foetus. It is remarkable that the corpus luteum corresponding to the pregnancy was found in the right ovary, that is, on the side where atresia existed. Hence the spermatozoa must have migrated from the left side.

Ginsberg distinguishes this case from others described as "cornual pregnancy." In the latter class the gestation sac is connected with the remainder of the uterus by a long band or cord. In this case the sac was connected directly with the left half of the uterus, for the foetus lay in the representative of the right half of the normal uterine cavity, whilst in normal pregnancy it lies in the representative of the right Fallopian tube, the right half of the uterus being undeveloped.—*British Med. Jour.*

#### COMPRESSION OF THE CAROTIDS AS A THERAPEUTIC MEASURE.

In a recent number of the *Gyogyaszot* Dr. Leopold Roheim, of Budapest, publishes a case of eclampsia which he had, after the failure of a large number of remedies, successfully treated by compressing the carotids with his fingers. The publication of this case recalls the fact that the whole subject of carotid compression in its relation to the treatment of nervous diseases was thoroughly worked up by Dr. J. Leonard Corning over ten years ago. Not content with following the ancient practice of pressing upon the carotids with the fingers, Dr. Corning devised a number of ingenious instruments by means of which he was able to compress those arteries and faradize the subjacent sympathetic and pneumogastric nerves at the same time. He has embodied the results of these researches in a number of papers, and notably in a little book, "Carotid Compression," published in 1882. Dr. Corning's contributions are especially valuable, as the conclusions arrived at are based upon a large array of cases of nervous disease in which the method was given a thorough trial. Cases of

headache, eclampsia, convulsions of children, epileptic convulsions, and obstinate insomnia as it occurs in the insane were treated successfully in this way.—*N. Y. Med. Jour.*

#### A SUGGESTION WITH REGARD TO SPRAYING THE NASAL CAVITIES.

Dr. F. A. Burrall, of New York City (*N. Y. Med. Record*), writes:

As an aid to thorough spraying of the nares, I have formulated the following method, which originated from a suggestion made to me by a patient on whose nasal cavity I was using the upward spray: Direct the patient to inhale deeply, and place the tip of the atomizer behind the uvula without touching the posterior pharyngeal wall. Then the patient is to close his lips upon the tube and exhale through the nose. This carries the spray well forward upon the walls of the nasal cavities, and when an oily solution is used, such as the extract of pine needles in benzoinol, the volume of spray issuing from the nostrils resembles that of the air from the nose on a frosty morning. This process makes the spraying of the posterior and anterior nasal cavities more thorough than can be done by an ordinary application. It is a method worth mentioning, as there may be some physicians to whom the idea has not occurred, and they will find it serviceable.

#### PRIMARY SARCOMA OF THE VAGINA.

Kalustow (*Arch. f. Gynäk.*, Vol. XL, Part 3) describes a case of primary sarcoma of the vagina in a multipara, aged twenty-three. A sloughy mass occupied the anterior vaginal wall. Hemorrhage and fever followed, and the tumor sloughed out, but recurred. Metastatic deposits appeared on the left buttock and the outer side of the right thigh. The tumor was, pathologically, a sarcoma teleangiectodes. At the end of two months the patient died of exhaustion.

—*British Med. Journal.*



## Miscellany.

HEALTH DEPARTMENT OF  
CINCINNATI.Statement of Contagious Diseases  
for week ending March 18, 1892:

WARD.	Measles.		Scarlet Fever.		Whooping Cough.	Diphtheria.		Group.	Typhoid Fever.	
	Cases.	Deaths.	Cases.	Deaths.		Cases.	Deaths.		Cases.	Deaths.
1.....			4	1						
2.....	1		1			4	1			
3.....						5	1			
4.....										
5.....									1	
6.....			2							
7.....										
8.....	1									
9.....						3			1	1
10.....	1		1							
11.....	1		3			3				
12.....			1			2	1	1		
13.....			1							
14.....								1		
15.....	2									
16.....	1									
17.....	2		2					1		
18.....						1	1		1	
19.....										
20.....	1									
21.....			1							
22.....										
23.....						2				
24.....	2					1			1	
25.....			3		2	1				
26.....	11		2			2	2			
27.....			2		1	1				
28.....	2		1		2	1				
29.....						1	1			
30.....			1		3					
Public Institu- tions.....										2
Totals.....	25		25	1	8	125	6	1	4	3
Last week.....	38		30	1	11	225	6	3	3	3

Mortality Report for the week end-  
ing March 18, 1892:

Diarrhoeal Diseases.....	3
Influenza.....	2
Other Zymotic Diseases.....	16-21
Cancer.....	5
Phthisis Pulmonalis.....	10
Other Constitutional Diseases.....	5-20
Apoplexy.....	3
Bronchitis.....	6
Convulsions.....	7

Gastritis.....	1
Heart Disease.....	5
Liver Disease.....	1
Meningitis.....	4
Nephritis.....	3
Peritonitis.....	2
Pneumonia.....	30
Other Local Diseases.....	8-70
Deaths from Developmental Diseases.....	7
Deaths from Violence.....	1

Deaths from all causes.....	119
Annual rate per 1,000.....	20.62
Deaths under 1 year.....	28
Deaths between 1 and 5 years.....	19-47
Deaths during preceding week.....	113
Deaths for corresponding week of 1891....	133
Deaths for corresponding week of 1890....	128
Deaths for corresponding week of 1889 ..	103

J. W. PRENDERGAST, M.D.,  
Health Officer.

## RUPTURE OF THE UTERUS.

Haven (*Boston Med. and Surg. Jour.*, Vol. cxxvi. No. 4.) treated a patient suffering from bleeding after child-birth, by curetting. The curette passed through the walls of the uterus into the abdominal cavity. Twenty-four hours after this accident the abdomen was opened. The uterine tissue was found to be in a necrotic condition at the position of the rent. After excision of a V-shaped piece, leaving a clean wound in what appeared to be normal uterine tissue, the rent, extending from the right cornu almost to the internal os anterior to the broad ligament, was sutured. Muscular and peritoneal sutures were applied. The abdominal wound was closed without drainage. The patient recovered.

From a statistical study of the subject, Haven finds that one rupture occurs in about 3,500 cases of child-birth. In regard to treatment, he believes that, whether the rupture occurs in a pregnant or non-pregnant uterus, our best course is to open the abdomen, wash out the abdominal cavity, and, where the edges are not too much bruised and torn, unite the tissues by deep and subserous stitches. Punctured wounds, as those made by the sound, can very properly be left to nature, since autopsies have frequently shown the scars from punctured wounds which occurred during life but gave no trouble.

—*Therapeutic Gazette.*

## OHIO HEALTH BULLETIN.

Infectious Diseases reported to the Ohio State Board of Health in 52 cities and towns during the week ending March 18, 1892.

<i>Diphtheria:</i>	Cases.	Deaths.	<i>Typhoid Fever:</i>	Cases.	Deaths.
Amelia.....	2	..	Bucyrus.....	4	1
Bellefontaine ..	1	..	Cincinnati.....	3	3
Cincinnati.....	25	6	Cleveland.....	1	1
Cleveland.....	15	3	Girard.....	1	..
Columbus.....	4	2	Hanging Rock..	1	..
Lima.....	3	..	Sidney.....	1	..
Middletown....	3	2	<i>Scarlet Fever:</i>		
Plymouth.....	1	..	Bellefontaine ..	3	..
Portsmouth....	3	..	Bucyrus.....	1	..
Sandusky.....	1	2	Cambridge.....	1	..
Springfield....	3	..	Cincinnati.....	25	1
Toledo.....	5	2	Cleveland.....	5	..
Wellston.....	1	..	Columbus.....	11	1
<i>Whooping-Cough:</i>			Crestline.....	1	..
Cambridge.....	1	..	Lockland.....	2	..
Cincinnati.....	8	1	Logan.....	4	..
Crestline.....	5	..	Miamisburg....	3	..
Dalton.....	3	..	Middletown....	5	..
Leetonia.....	4	..	Mechanicsburg..	1	..
Lockland.....	4	..	Plymouth.....	1	..
<i>Measles:</i>			Ravenna.....	1	..
Amelia.....	2	..	Sabina.....	2	..
Cincinnati.....	25	..	Sidney.....	1	..
Cleveland.....	13	1	Springfield....	2	..
Elmwood.....	1	..	Toledo.....	5	..
Findlay.....	3	..	Versailles.....	2	..
Girard.....	1	..	Washington C.H	2	1
Kent.....	4	..	Wellston.....	2	..
Lima.....	7	..	Wooster.....	1	..
Ravenna.....	1	..	Wyoming.....	3	..
Sabina.....	2	..	Youngstown....	8	..
Springfield....	9	..			
Warren.....	13	..			
Youngtown....	23	..			

No infectious diseases reported to health officers in 15 towns.

C. O. PROBST, M.D., Secretary.

## MADAME LA CHAPELLE.

"Heaven surely ordered, on creation's morn,  
This mighty law—that children must be born.  
Hence came the science thou dost know so well  
With white forefinger, Madame La Chapelle."

Thus sang Dr. Holmes; and undoubtedly he did but justice to the famous midwife. In the *Johns Hopkins Hospital Bulletin*, Dr. William Osler gives an interesting dissertation on Madame La Chapelle, based upon the

three volumes of memoirs which were published in 1825. She was born in 1769, and died in 1822, aged fifty-three. For twenty-five years she studied, practiced and taught obstetrics at the Hôtel-Dieu. After this she became midwife-in-chief at the Maison d'Accouchement.

The extent of her experience is shown in the table of 15,652 cases which is appended to the first volume of her works. From this we learn that she interfered in 1.73 per cent. of the cases; 15,380 cases terminated spontaneously. Forceps were used but ninety-three times, version 155 times. Symphysiotomy was still alive, for we find that it was done in two cases where pelves were two and a quarter and two inches in diameter, respectively. The first child died shortly after delivery; the second died with the mother. There was one Cæsarean section in a pelvis one and a half inch in diameter; the mother died the day after delivery; the child lived.

Of 15,380 spontaneous labors, eighty-six children were dead-born; 522 putrefied. This would give a mortality of 1.71 per cent.

In speaking of diagnosis she gives many interesting suggestions, remarking, for example: "I had always had a bad opinion of a protuberant conical belly, or one very high up in the epigastrium, and rarely has my expectation been deceived. I then have seen the head rest immobile at the superior strait, or the presentation of an unfavorable part." In speaking of artificial dilatation of the parts, she says it is not proper (as the obstetricians and midwives were wont to do) to distend and pull at the orifice of the vagina and vulva. Scientific men at all times have recognized the dangers of such manœuvres, and she quotes from Guillemeau as saying, "above all in this art, says one of the most ancient writers, the midwife will take good care neither to precipitate nor hasten anything, avoiding enlarging the passage for the child by force." "This forced dilatation," she says, "I have never sought to produce."

In the first volume she attacks Baude-locque's classification into ninety-four presentations of the fœtus, hinting that

this was adopted partially out of deference to Solayrès, and afterward maintained from the pride of having taught it so many years. She denounces it as utterly impractical, and purely theoretical, for out of the whole ninety-four, in a practice of thirty years, she herself had met with but twenty-two, and she had never seen a presentation of the neck or trunk.

She gives an excellent classification of these presentations into their genera—vertex, buttocks, feet, knees, face, right and left shoulder; and species (simple and cardinal), such as occiput to the right, left, etc., buttocks to the right, left, etc., and finally varieties or intermediates, imperfect, and inclined positions.

She disapproves of symphysiotomy, and does not advise Cæsarean section except in cases of absolute necessity, and when the child is alive.

She admits that puerperal fever was frequent in the hospital. If she had known the value of puerperal antisepsis there is little doubt that the results of the work done under her skilful care would have equalled those of the present day.—*Med. Record*.

#### SHOULD SYPHILITIC MEDICAL MEN CONTINUE IN PRACTICE?

Dr. Neisser, of Breslau (*Centralblatt für Chirurgie*), has considered the question of the expediency of the continuance in practice of physicians who have become syphilitic. His communication takes the form of a reply to a direct inquiry addressed to him by a professional colleague who had been advised both ways—to continue and to retire. Neisser's conclusions are that the necessity for a physician to retire from practice must be the exception to the rule; provided, that he shall have been under an efficient specific treatment. He offers his views chiefly on the following conditions: First, concerning the stage of the disease; second, the thoroughness of the specific treatment down to the time when practice is resumed; third, the state of the eruption, especially on the hands of the person whose line of practice is that of

surgeon or accoucheur; fourth, whether any other affections of the skin, possibly not syphilitic in origin, may exist.

The probabilities that a well-treated medical man will convey his disease to others are, of course, lessened in proportion to the remoteness of the date of his infection, and the lengthened interval since activity of efflorescence on skin or *mucosa* has been noticed; but even in recent cases, with papular eruptions and small ulcers, the writer holds that no serious danger need exist when the physician protects, as he should, the surfaces involved in the disease by means of rubber cots or impermeable dressings. In regard to non-syphilitic eruptions there is little probability of danger, where any ordinary degree of care is exercised; the eruptions themselves, Neisser thinks, cannot be a source of infection, with the almost sole exception that blood might be conveyed from some abraded eruption to the raw surfaces on the patient. And with regard to this danger even, he does not consider that it has been settled. As to active engagement in obstetrical and surgical practice by a syphilized person, Neisser claims that no hard-and-fast rule can be framed, and that very much must be left to the good judgment of the practitioner and to the merits of the case at the time the question of attendance shall be raised.—*Four. Am. Med. Assn.*

#### ADVERTISING FOR DISPENSARY PATIENTS.

The *Medical Record* is evidently gunning for bear if we are to judge from the following editorial utterances:

We are pained to notice a disposition on the part of some of our friends connected with public clinics to add another to the already long list of abuses of medical charity by advertising for free patients in the papers. It is difficult to see what the end may be if this practice becomes prevalent. We are speaking for the young practitioner when we protest against it. There should be no necessity which makes this method of securing material possible. It is an open bid against the bread and butter

of the young man who must depend upon just such patients as the dispensary coaxes to its doors by such advertisements. If the clinics are so eager to go into the highways and byways for clinical material there will soon be no pay-patients among even the middle classes. It is not enough of an excuse for these so-called charities to declare that it is for the good of the sick poor. In reality it is apparent that the purely business element of those dispensaries is the uppermost consideration in the minds of their faculties, and it is no more to be considered from ethical points than is open advertising by the needy individual medical man. There are two sides to this question. The colleges and dispensaries cannot afford to make enemies of the rising generation of practitioners, for the reckoning will not be far distant. We advise these charitable institutions to withdraw their advertisement else they may hear more on this subject. — *Weekly Med. Review.*

#### "DECOLLETEE DRESSES."

A man who could take upon himself to dictate to the fair sex a homily upon the fashion of their dress must be credited with more than an ordinary share of human courage. But such a man exists at Barfleur in France. His position, however, as mayor of the town probably accounts in some measure for his egregious temerity. Nevertheless, remarkable to relate, he has issued an order forbidding the wearing of décolletée dresses by the women of the commune, on the ground that such costume is prejudicial to peace and social morality. It is to be trusted that nothing of the nature of Salvation Army disturbances—indigenous at Eastbourne—will occur among the ladies at Barfleur as the result of this ukase.

—*Medical Press.*

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{ WHOLE VOLUME  
LXVII.

## CONTENTS.

### ORIGINAL ARTICLES.

REPORT OF A CASE OF LUPUS TREATED BY TUBERCULIN.  
By Lincoln Mussey, M.D., Cincinnati. 423

COMPLETE EXTIRPATION OF THE FIBRO-MYOMATOUS  
Uterus by Abdominal Section with Closure of the  
Vagina. By Charles A. L. Reed, M.D., Cincinnati. 430

REPORT OF THREE CASES OF PYOSALPINX. By Rufus B.  
Hall, M.D., Cincinnati. 432

### CORRESPONDENCE.

NORTH CAROLINA LETTER: Unique Case of Poisoning—  
Climate of Asheville—Care of Consumptives. By H.  
Longstreet Taylor, M.D., Asheville, N. C. 433

### SOCIETY REPORTS.

#### ACADEMY OF MEDICINE.

Meeting of February 8, 1892.  
Discussion on a Report of a Case of Lupus Treated  
by Tuberculin. 445

### EDITORIAL.

LOST!—AN EDITOR. 445  
"THE IDEALITY OF MEDICAL SCIENCE." 446  
EDITORIAL NOTES: Decline of Eclecticism—An Imposter  
—Library of the Surgeon-General—Medical Editor of  
a Daily Paper—Death of Dr. D. Hayes Agnew—Lang-  
uage of Animals—American Medical Association  
Sections—Chair of Pathology in Rush Medical Col-  
lege. 447-450

Contents continued on Advg. p. 4.

See Advertisement "VIN MARIANI" on Insert page xii.

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**N. Y. MEDICAL RECORD.,**

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A WEEKLY JOURNAL OF  
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*New Series Vol. XXVIII.*

CINCINNATI, April 2, 1892.

*Whole Volume LXVII.*

**Original Articles.**

**REPORT OF A CASE OF LUPUS  
TREATED BY TUBERCULIN.**

A Paper read before the Academy of Medicine,  
Cincinnati, February 8, 1892,

BY

LINCOLN MUSSEY, M.D.,  
CINCINNATI.

I take pleasure in presenting to you to-night a case showing markedly the effect of nine months' treatment of lupus of the face with Koch's tuberculin.

To Dr. S. P. Kramer is due many thanks for the tuberculin which he most generously placed at my disposal, as well as for the interest he showed and encouragement he offered in the treatment of the disease. Prof. J. G. Hyndman has likewise been most kind in the help given in investigating the laryngeal symptoms, which formed an interesting feature of the case.

A. B., aged twenty-four, unmarried, German-American; father dead, cause "brain fever; mother living and well; one brother died two years ago of consumption; one sister died in infancy.

Former diseases: Ordinary diseases of childhood; has had erysipelas; denies venereal diseases.

The patient came under observation April 25, 1891, presenting a disease of the skin of nine months' duration. This disease manifested itself as a dull red nodulated patch on the skin of the right side of the nose and cheek, surmounted by firmly adherent dirty white scales. This, as the patient stated, had begun nine months before as a single small pimple or nodule near the angle of the nose; other nodules had appeared and the disease had spread and was spread-

ing rapidly. Much alarmed, he had consulted several physicians, most of whom had pronounced the case one of lupus. In addition to this disease of the skin, the patient had noticed some cough—with, however, scanty expectoration—night-sweats, and a progressive loss of weight and strength, so marked that he was obliged to cease work.

*Description.*—Extending from the right ala of the nose out on the right cheek was an irregular patch of diseased skin about one and one-half inches in diameter. The edges of the patch were irregular, of a dull red color, and showed distinctly small, yellowish-red, elevations in the skin, while in addition the skin showed a peculiar roughness distinct from that caused by the elevation of these nodules. The centre of the patch was covered by closely adherent scales, of a dirty-white color, which when removed showed a bleeding surface.

On the nose the yellow nodules were more marked and the scales firmer and less easily detached. In the right nasal cavity only thick scabs could be seen, and some discomfort was complained of by the patient from the complete blocking of the cavity.

Lungs: At apex of left lung there was slight dulness above the second rib anteriorly, with slightly prolonged expiration and a roughened respiratory murmur, but no marked râles.

*Diagnosis.*—Lupus vulgaris (non-excedens). Koch's treatment with tuberculin was requested by the patient.

April 27, 10 a.m. After the customary aseptic precautions an injection of .001 g. of the tuberculin was given in the skin of the back. Temperature at time of injection was 98° F. At 2 p.m. temperature was 98.8° F., with no

marked discomfort and no local reaction. At 5 p.m., however, the temperature reached 99.2° F.; patient's face was flushed, slight headache, pain in joints, while the lupous patch was perceptibly reddened and swollen, a fact remarked upon by both patient and mother. At 8 p.m. temperature had reached 100.2° F., but the patient was not seen. At 9 a.m. temperature was 98°, at 9 p.m. it was 99°.

April 30. Injection of one mg. at 10 a.m. A reaction more remarkable than the first occurred. At 2 p.m. temperature was 99.2°, while headache, nausea, pain in the joints, ringing in the ears, etc., compelled the patient to go to bed. Similar reddening and puffing up of lupous patches was noticed. At 5 p.m. temperature was 100.2°, at 8 p.m. 101.6°.

The following morning the temperature was 98°, but at 8 p.m. fever of 100.4°. Thereafter the temperature was normal until May 3 to 9, when .002 g. were given. Just as prompt a reaction followed, temperature rising to 100.8°. In addition to other signs previously recorded, the dull area at apex of left lung became more prominent, and moist crackling râles were heard without difficulty. Expectoration became freer, and, the sputum being examined, tubercle bacilli were found.

These three reactions have been given somewhat in detail in order to show how peculiarly characteristic has been the response of this disease to the treatment. It is not necessary to consider in detail each injection and its effect. I have, however, inserted a few notes recorded during the course of the treatment.

May 29. Last dose May 27, .004 g. Temperature reached 100.2°. Lupous tissue continues to swell and redden after each injection. General reaction not so extreme, *i.e.*, previous headaches, bone pains and general discomfort not so marked, and some tolerance to the drug seems established. Serous transudation of lupous tissue causes in its drying thickening of scales surrounding the diseased skin. The small reddish-yellow nodules at the periphery of the lupous tissue apparently extending, so

that in point of size the lupous patch is now larger than at the commencement of treatment.

June 10. Ceased injections owing to slight attack of diarrhoea, which leaves the patient weak and dispirited. Scabbing increasing, scabs, however, becoming looser, and serous transudation is taking place beneath them, the discharge subsequently drying and adding to their size. Zone of redness about periphery of the area of scabbing increasing somewhat in size.

June 15. Resumed injections with .007 g. Reaction, with temperature of 101°. No further extension of tubercular invasion apparent.

July 20. Steady use of tuberculin—three times—usually with slowly increasing doses. Patient's general condition much improved; still coughing, and expectoration is quite free, showing presence of tubercle bacilli. Scales and scabs have been cast off about periphery of the patch, showing a smooth surface underneath, with no signs of tubercles, but the underlying skin is of a dark red color, and is somewhat glazed in appearance. Patient's weight is now 116 pounds.

August 1. Marked local improvement during the last ten days; scabs now being rapidly cast off, but one central patch, gray and dirty, about one-third of an inch square, remaining. The skin over which previously scabs had formed now smooth and glistening, but of a dull-red color, which becomes more vividly red in the reaction after an injection of tuberculin. Dosage now .015 g. General reaction no longer extreme in its effects, and local reaction similarly less pronounced. Dulness at left apex remains, and moist râles apparent, but general health continues fair.

August 15. Dosage now .030 g. Fever reaction only 99.6°. Scab on cheek lessening in size day by day, and exudation process below it rapidly ceasing. Nasal cavity clear and mucous membrane clean.

On the 1st of September, after taking .556 g. in fifty injections, the last scab had been cast off, and the patient's face was smooth and clean, the first



time in eighteen months. The site of the previous disease had, however, the scarred appearance that resembles healing after deep burns, without the cicatricial contraction of the latter. This scar tissue, as it may properly be called, has retained, to a more or less degree, its dull red, glazed appearance. It is, however, becoming daily softer and smoother. No recurrence of the disease has manifested itself, due probably in part to the fact that subsequent injections have been given. These were continued until September 28, when the patient left the city upon a visit.

November 1. He again appeared for treatment, not on account of his original ailment, but because of "throat trouble." This "trouble," characterized by dryness, dysphagia, expectoration, etc., and hoarseness almost to complete aphonia, was found upon careful examination by Dr. Hyndman to be due to a further tubercular localization in the larynx, a small tubercular ulcer being discovered on the posterior extremity of the right vocal cord near the arytenoid cartilage.

Tuberculin treatment has been resumed with apparently marked success. Beginning with small doses—.01 g.—they have been continued without increase twice weekly. His general condition is now better than at any time in the past fifteen months; weight, 115 pounds. Eats and sleeps well, and has resumed work (barkeeper.) His cough is still troublesome; expectoration shows still the tubercle bacilli.

In presenting this case before the Society, we are apt to find ourselves open to a few criticisms.

1. *Diagnosis.*—This may be dismissed without discussion, as at a previous meeting the patient was before the Academy while under treatment, and the diagnosis was almost unanimously concurred in. However, the prompt and characteristic reaction to Koch's remedy, the family history, the presence of tuberculous lesions elsewhere, the absence of any syphilitic history, and the fact that the lesions have cleared up without any anti-syphilitic treatment whatever, would serve to

exclude such a possibility. A proposition was made to the patient to excise a small piece of diseased skin to be examined microscopically, but this being objected to, the matter was not pressed. As to examining the discharge or the exfoliating scales, such examinations being so uniformly barren of results, they were likewise passed.

2. *The Contra-indication to any Use of the Remedy in the Case.*—The presence of apical tuberculosis may seem to have contra-indicated any such depressing agency. The presence of laryngeal phthisis, afterwards apparent, may seem to support such a criticism to those who see nothing in tuberculin, and believe in the general infection following its injection, from the, at first, local affection. But to others the incipient tuberculosis of the lungs indicated immediate trial of the remedy, and the laryngeal complication, occurring as it did during a month's interval in the injections, can be reasonably regarded only as an unfortunate complication. Notwithstanding even this complication, the patient's general condition has been much improved during the nine months' treatment.

3. *Dosage.*—Most of the later observers recommend much smaller doses of tuberculin given, if necessary, with shorter intervals. Von Bergmann<sup>(1)</sup>, however, in a reported case, began with a dose of .01 g., and in one case, in twenty-three injections, gave one gramme. Max Schede<sup>(2)</sup>, in reporting seventeen cases, began in five cases with a similar dose, .01 g., all of which were improved by treatment; in four others, with .005 g., all much improved; while on the contrary, in death following the use of tuberculin, in Jarisch's<sup>(3)</sup> case, death followed an injection of only .002 g., while that of Koenig<sup>(4)</sup>, a fatal result occurred after a dose of .005 g. Possibly no accurate, infallible rule as to dosage can at present be given, but general sentiment is undoubtedly inclined toward small doses.

It may be well to notice one or two interesting features in this case:

1. The *diarrhœa* of June 10 may be regarded by some as a manifestation of

the reaction to the remedy by tubercular lesions of the intestines. Its cessation to a light opiate treatment without a subsequent revival seems to militate against this view.

2. About July 1 slight rheumatic pains in the wrists, elbows, and knee-joints were complained of; this fortunately subsided in a few days without treatment, and have not reappeared.

3. An erysipelas of the right side of the face developed in the latter part of September. This was supposedly contracted from a case of facial erysipelas in the same tenement house in which our patient lived. It occurred after all the scaling had disappeared, subsided in three days under treatment, and can but be regarded as an accidental complication.

4. A small keloid on the right cheek, just without the lupus patch, failed to react to the injections of tuberculin, and is still present, apparently unaltered in appearance. This was observed with much interest, and helps to support negatively the diagnostic value of the remedy.

*Patient's condition January 25, 1891 (after seventy-four injections and .653 g. of tuberculin):*

Face: No recurrence of lupus; scar tissue still pink, but wrinkles readily, and is smooth and soft.

Larynx: Prof. Hyndman's last laryngoscopic examination reveals a slightly serrated condition of the right vocal cord, due probably to repair by slight cicatricial contraction from former small ulcerations; while posteriorly over the right arytenoid cartilage is a smooth cicatrix of a former ulceration. The contraction, however, of this cicatrix prevents close approximation of the vocal cords, and explains the aphonia still present.

Lungs: Dulness still present at left apex, no moist râles can be heard, and aside from a roughened respiratory murmur, with dry râles, with increased vocal resonance, no marked signs can be elicited.

So many and varied have been the opinions expressed concerning Koch's remedy—so enthusiastic have been its

supporters, so bitter its assailants—that it is difficult in the smoke of battle to see whether its position has been either more safely intrenched or totally lost. It has been my pleasure to record the experience of many observers in their treatment of lupus with tuberculin injections, and to collect what data I could from their observations.

In all, I have collected reports of 230 cases, of which a few cases embodied with the Koch treatment local measures, as scraping, cauterizing, etc. Of these 230 cases only forty-seven were carefully individualized, so that definite facts as to diagnosis, history of disease, the sex and age of patient, the method of treatment, number and quality of injections, time under treatment, etc., etc., were obtained in a relatively small number of cases. (See tables.)

These forty-seven cases were reported by such men as Von Bergman, Schede, Immermann, Doutrepoint, Bordenheuer, Eichhoff, Malcolm Morris, etc. With these forty-seven cases are recorded four fatalities occurring during this line of treatment.

Of the forty-seven cases:

Twenty-four are reported healed; or 51 per cent.

Fifteen are reported improved.

Three are reported transitorily improved.

One is reported unchanged.

Four are reported with fatal result.

Of these 85 per cent. were improved by this treatment. The fatal cases were reported by Koenig,<sup>(\*)</sup> Jarisch,<sup>(\*)</sup> Immermann<sup>(\*)</sup> and Burkhardt.

In Koenig's case, lupus of the nose in a girl of thirteen, death followed an injection of .005 g.—the second injection, two weeks after the first. The autopsy revealed miliary tuberculosis involving lungs, liver and small intestines.

Jarisch's case: Girl of seventeen; lupus of face; injection of .002 g.; died in thirty-six hours, with symptoms of cardiac failure. No post-mortem evidences as to cause of death were obtained, although cicatrices of intestinal ulcers had reacted.

Immermann's case: Female, aged seventy-one; lupus of face, and tuber-

cular ankle-joint; death followed second injection of .005 g. in twenty-four hours, with symptoms of heart failure. Fatty degeneration of heart revealed post-mortem.

Burkhardt's case: Female, aged twenty-three; lupus of face; death after .008 g., with cyanosis, albuminuria, etc. Acute Bright's disease found in post-mortem examination.

These fatal cases were all that could be found in the current literature of eighteen months on the treatment of lupus with tuberculin.

Senn,<sup>(4)</sup> in his sensational article, "Away with Koch's Lymph," records only three cases of lupus in which he had tried the remedy. In only one case was the lupus uncomplicated, and in this the lupus was thirty-seven years old, and was of the lupus-erythematous variety, an almost certainly non-tubercular affection. In another case of lupus of the nose and face of eighteen years' standing, with destruction of the nasal septum and involvement of the left eye, there was also present tuberculosis of the right tarsal and ankle-joints, and beginning involvement of the left wrist-joint. In this case, after seventeen injections covering two months of treatment, he says: "Treatment abandoned, as local lesions, which at the beginning of treatment had apparently undergone marked improvement, had relapsed, presenting about the same condition as when the treatment was begun." Of the third case, lupus hypertrophicus of the face, with tuberculosis of sub-maxillary and cervical glands, after three weeks' treatment he says there was "decided change for the better, and the skin presented a more natural appearance." Afterward no improvement.

Of all these forty-seven cases, decidedly the most interesting are those reported by Schede.<sup>(1)</sup>

Of the three cases here reported, in two the disease recurred in two months, after both were pronounced healed. Both cases were again attacked with the remedy; after three months the first was pronounced "certainly healed," and the second, after ten injections, was already "advancing to a cure."

The remaining 183 cases were reported by Erb, Schede, Skerrit, Weber, Staub, Sterns, Schwimmer and many others (see tables). Of the 183 cases:

Seven were reported cured.

Nineteen were reported improved.

Sixteen were reported transitorily improved.

Nineteen were reported unchanged.

Forty-six were reported injured by the treatment.

So of the entire number, 230:

Thirteen and two-fifths per cent. are reported as healed.

Sixty-one per cent. are reported as improved.

Seven per cent. are reported as unchanged.

Twenty per cent. are reported as injured by the treatment.

The forty-six cases reported as injured by the treatment are reported by Wickham<sup>(8)</sup> as among the fifty cases of lupus treated in the Hospital St. Louis by Vidal, Besnier, Fournier, Hallopeau, Quinquand and Tenneson when "the most disastrous results followed even the smallest doses," and only four cases showed noticeable improvement.

That all the French are not so hostile is shown by the report of George Thibierge<sup>(9)</sup> who says: "Koch's remedy in tuberculosis of the skin, and especially in lupus vulgaris, shows such a quick and intense action that the possibility of a definite favorable result can not be excluded."

Besnier (*ibid.*) also confesses that Koch's remedy works in certain cases of lupus a certain and considerable improvement, and the ulcers come quickly to superficial cicatrization, yet in no case can we speak of definite healing.

In England J. F. Pain, Lennox Brown, P. S. Abraham, J. Morehead and others acknowledge the efficacy of the remedy. Others have been disappointed in its use. Abraham<sup>(10)</sup> reports twenty-one cases, only two of which showed no improvement. Pain says (*ibid.*): "But no one can deny that the action of tuberculin on lupus is very distinct. Skerritt, Morris, Crocker, Pringle, Stevens, etc., have all reported favorably upon it."

In our country Ernst, Magelson, Graham, Rice, Heineman, Lloyd and Stillwagon all record cases favorably impressed by the treatment, although thus far their deductions apparently accord with the conservative opinion of Rice, who says<sup>(11)</sup>: "We must wait longer before deciding whether the high hopes which have been entertained by the profession, of curing lupus, are to be realized."

But it is in Koch's own country that the remedy has been tried most extensively and systematically, its effects most carefully watched and noted, and rules for and improvements in its administration given. When Kromeyer<sup>(12)</sup> found the histological changes in lupus after an injection to be "an extensive infiltration in the tissue around patch, and in lupus patch itself of leucocytes," "leucocytes even in the giant-cells of a tubercle," and when he concludes that the fluid "produces an inflammation in the neighborhood of the tubercular focus, and suppuration in the tubercular focus itself," he apparently suggests the scientific application of the remedy in tubercular lesions; *i. e.*, to the external tuberculoses. For as Bordenheuer says<sup>(13)</sup>: "The superficial and ex-ulcerative lupus gave the better results, because the necrotic tissue was more early cast off."

Again, on another form of external tuberculosis Lichtheim<sup>(14)</sup> says: "It is in tuberculosis of mucous membranes of the mouth and nose that the best results with Koch's fluid are obtained, better even than with lupus. Still, after discontinuing the injections slight recrudescence ensues, so that these cases must remain under observation."

Brieger,<sup>(15)</sup> in speaking of tuberculin in lupus of mucous membranes, says: "But in all cases have we seen partial healing and noteworthy improvement, so that we believe ourselves justified in the conclusion that in these cases, under the continued administration of Koch's remedy, complete recovery from tuberculosis of mucous membranes will result."

Koenig,<sup>(16)</sup> in a speech before the Twentieth German Surgical Society, says: "In lupus, after treatment with

the injections, a shrinking occurs, which leads to an apparent disappearance of the disease. But after a time the disease discloses itself again, and often worse than before. In many cases the remedy works excellently. I recall a severe case of lupus of the face which travelled over the mouth and made eating impossible, where I have seen rapid improvement, drying of the ulcers, with cessation of the bad conditions; results that we have seen with no other remedy."

The question of how much the action of tuberculin can be aided by other measures has also been fairly discussed. Kummell,<sup>(17)</sup> on reporting fifteen cases, says: "Some are cured so that I can undertake a plastic operation. Certainly no other remedy has accomplished as much. It will appear that most cases of lupus are improved by the injection to a certain point, after which no further progress is noted. Then for the sharp spoon and cautery."

Eichhoff,<sup>(18)</sup> in reporting twenty cases, says of the fluid that he believes it to be of good service in connection with cauterization and scraping. Braun<sup>(19)</sup> says: "The slow improvement and healing was accelerated by simultaneous surgical procedure."

Could the opinions of most users of the remedy be summarized, the following might be a fair, unprejudiced rendition of the verdict:

1. That tubercular lesions react to injections of Koch's remedy in an almost magical manner.
2. That such reactions proclaim the diagnostic value of the remedy.
3. That it is especially in external tuberculosis, *i. e.*, lupus, tuberculosis of mucous membranes, etc., that most beneficial results have followed its administration, results achieved by no other remedy.
4. That smaller doses, with less general reaction and depression, are in most cases indicated.
5. That the remedy is contra-indicated in the extremes of life, in extreme debility, and organic diseases of the heart, kidneys, etc.
6. That the elimination of certain non-essential ingredients of tuberculin

TABLE NO. I.

Reported by	Number of cases.	Healed.	Improved.	No result.	Injured by treatment.
Schlimmelbusch ( <i>Deutsch. med. Woch.</i> , No. 6, 1891)	7	7	.....	....	.....
Doutrelepoint ( <i>Deutsch. med. Woch.</i> , No. 9, 1891)...	7	6	1	....	.....
Krause ( <i>Deutsch. med. Woch.</i> , No. 11, 1891).....	1	....	1	....	.....
Magelson ( <i>Med. News</i> , Sept. 19, 1891).....	1	1	.....	....	.....
Menche ( <i>Deutsch. med. Woch.</i> , No. 19, 1891).....	1	....	1	....	.....
Bordenheuer ( <i>Deutsch. med. Woch.</i> , No. 5, 1891)...	2	1	1	....	.....
Schlafranck ( <i>Deutsch. med. Woch.</i> , No. 45, 1891)...	1	1	.....	....	.....
Crocker ( <i>London Lancet</i> , Nov. 22, 29, 1890).....	2	....	2	....	.....
Morris ( <i>Brit. Med. Jour.</i> , Jan. 10, 1891).....	1	....	1	....	.....
Rice ( <i>Med. Record</i> , April 18, 1891).....	2	1	1	....	.....
Lloyd ( <i>Med. News</i> , Jan. 24, 1891).....	1	....	1	....	.....
Hime ( <i>London Lancet</i> , April 18, 1891).....	1	1	.....	....	.....
Von Bergmann ( <i>Samml. klin. Vort.</i> , No. 22, 1891).	3	1	2	....	.....
Elsner ( <i>Austral. Med. Gaz.</i> , July, 1891).....	1	1	.....	....	.....
McDonald ( <i>New Zealand Med. Jour.</i> , Oct. 1891).	1	....	1	....	.....
Schede ( <i>Centralbl. f. Chir.</i> , No. 26, 1891).....	1	1	.....	....	.....
Eichhoff ( <i>Schmidt's Jahrb.</i> , Band 232, 11).....	1	1	.....	....	.....
Senn ( <i>Weekly Med. Review</i> , July 25, 1891).....	3	....	2	1	.....
			transitory.	....	.....
Schede ( <i>Deutsch. med. Woch.</i> , No. 49, 1891).....	3	2	1	....	.....
Immermann ( <i>Centralbl. f. Schweiz. Aerzte</i> , 1890, No. 1, Beilage).....	2	....	1	....	1
			transitory.	....	(died).
Ernst ( <i>Trans. Ass. Amer. Phys.</i> , Vol. vi, p. 20)...	2	....	2	....	.....
Jarisch ( <i>Wiener klin. Woch.</i> , No. 50, 1890).....	1	....	.....	....	1
			.....	....	(died).
Koenig ( <i>Deutsch. med. Woch.</i> , No. 27, 1891).....	1	....	.....	....	1
			.....	....	(died).
Burckhardt. ....	1	....	.....	....	1
			.....	....	(died).
Total.....	47	24	15 3 transitory.	1	4 4 (died).

TABLE NO. 2.

Reported by	No. of cases.	Healed.	Improved.	No result.	Injured.	Relapses.
Heineman .....	9	1	8	....	....	....
Bronson ( <i>Med. Record</i> , April 2, 1891).....	2	....	1	1	....	....
Skerritt ( <i>Brit. Med. Jour.</i> , Nov. 14, 1891)...	11	....	11	....	....	....
Kümmel ( <i>Deutsch. med. Woch.</i> , No. 20, 1891).	15	....	14	1	....	....
Graham ( <i>Med. News</i> , March 28, 1891).....	3	....	2	1	....	....
Erb ( <i>Deutsch. med. Woch.</i> ) .....	10	....	7	3	....	....
Schede ( <i>Centralbl. f. Chir.</i> , No. 26, 1891)...	17	3	14	....	....	....
Abraham ( <i>Brit. Med. Jour.</i> , Oct. 10, 1891).	21	3	16	2	....	....
Morton ( <i>Brit. Med. Jour.</i> , Oct. 10, 1891)...	9	....	4	5	....	....
Murri ( <i>Schmidt's Jahrb.</i> , No. 11, Band 232).	4	....	....	4	....	....
Weber ( <i>Deutsch. med. Woch.</i> , No. 4, 1891)....	5	....	5	....	....	....
Schimmer ( <i>ibid.</i> ).....	8	....	8	....	....	....
Stevens ( <i>Brit. Med. Jour.</i> , Jan. 10, 1891)....	1	....	1	....	....	....
Wickham ( <i>Schmidt's Jahrb.</i> , No. 11, Band 232) .....	50	....	4	....	46	....
Staub ( <i>ibid.</i> ).....	2	....	....	2	....	2
Hoorn and Langdon ( <i>ibid.</i> ).....	16	....	16	....	....	....
			transitory.	....	....	....
Total .....	183	7	95 16 transitory.	19	46	2

as Klebs is now demonstrating, may guard against disastrous results.

7. That when the healing has come to a standstill under its administration, the sharp spoon and cautery are adjuncts to its further efficacy by helping to cast off necrotic tissue and by bringing the disease to the surface.

8. That the healing following its administration cannot be regarded less permanent than that following other measures or remedies.

#### LITERATURE REFERRED TO.

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2. Centralbl. für. Chir., 1891, No. 26.
3. Wiener Klin. Wochenschr., 1890, No. 50.
4. Deutsch. Med. Wochenschr., 1891, No. 27.
5. Centralbl. für Schweiz. Aerzt., 1890, No. 1, Bellage.
6. Weekly Medical Record, July 25, 1891.
7. Deutch. Med. Wochenschr., 1891, No. 49.
8. Monatsheft für prak. Dermatol., 1891, XII, 5 pp., 224.
9. Annal de dermatol. et syphilis, 1890, No. 12.
10. Brit. Med. Jour., October 10, 1891.
11. New York Medical Record, April 18, 1891.
12. Deutch. Med. Wochenschr., No. 49, 1890.
13. Ibid., No. 5, 1891.
14. Ibid., No. 7, 1891.
15. Centralbl. für. Chir., No. 26, 1891.
16. Deutch. Med. Wochenschr., No. 20, 1891.
17. Schmidt's Jahrb., Band 232, No. 11, p. 131.
18. Chering. Klinik. zu Königsburg, i Pr. (Ebenda, p. 412).

[FOR DISCUSSION SEE P. 445].

#### TREATMENT OF CYSTITIS BY OXALIC ACID.

Dr. Rénaud (*Le Bulletin médical*, No. 12, 1892) has used oxalic acid for a long time in the treatment of cystitis with satisfactory results. He employs the following formula:

R Oxalic acid, . . . gm. 1  
     (gss. xv).  
   Syrup of orange peel, . gms. 30  
     (fl. ʒj).  
   Distilled water, . . . gms. 120  
     (fl. ʒiv).

A soup-spoonful every two days.

—[Pritchard.]

#### COMPLETE EXTIRPATION OF THE FIBRO-MYOMATOUS UTERUS BY ABDOMINAL SECTION WITH CLOSURE OF THE VAGINA.

A Paper read before the Academy of Medicine  
 February 8, 1892,

BY

CHARLES A. L. REED, M.D.,  
 Surgeon to the Woman's Surgical Hospital.

The specimen to which I invite the attention of the Academy consists of (1) a large fibro-myomatous tumor growing from the posterior wall of the uterus; (2) the entire uterus, including the cervix, and (3) the attached tubes and ovaries. This specimen was removed yesterday morning (February 7) from a patient in the practice of my friend, Dr. Barbour, of Newport, Ky. There were present Drs. Barbour, Johnston, Hall, and Elgar Reed. The subject was thirty-five years old, had been married a number of years but had never conceived. Although her menstruation had been excessive for a number of years, she could not be said to be the victim of hemorrhage. She, however, suffered from great pain in the pelvis. I first saw her several months ago, at which time Dr. Barbour announced to me his diagnosis, which I confirmed by examination, and which was completely verified by the revelations of the operation.

The object in reporting the case at this juncture is to first exhibit the specimen while it is fresh, and next to call attention to certain principles, the evolution of which I believe constitute a distinct advance in the development of an operation which has been justly looked upon as the most serious in the realm of surgery.

The patient was placed with her head to the window, and after the abdomen had been bathed successively with soap and water, alcohol and a strong bichloride solution, she was elevated into the Trendelenburg-Krug posture. The bladder was found to have become elevated by the tumor, and was adherent to the abdominal wall to within an inch and a half of the umbilicus. The incision was extended upward

to two inches above the naval. The hand now inserted revealed a tumor which appeared to have grown into the fold of the right broad ligament, and as the operation proceeded I thought that I was enucleating the growth from a true peritoneal capsule. A careful examination of the specimen will, however, show that the investment tunic was purely adventitious, and the product of an inflammatory exudation. The tumor once delivered, a deep ligature was passed through the broad ligament and a clamp placed to a corresponding depth along the surface of the tumor. The ligament was separated between the ligature and the clamp nearly to the depth of the former. The same manœuvre was gone through with, first upon one side and then then upon the other, until the tumor was divided from the broad ligament and the vagina was brought easily within the field of operation. This canal was then opened and the tumor (uterus) cut away. All ligatures in the broad ligament were cut short except the lower one upon either side, which two were left long and brought out through the vagina. A rope of gauze was likewise passed into the vagina and left for drainage. It was now found that the blood which would precipitate into the cul-de-sac could hardly be removed by capillary drainage, and a glass drainage-tube was inserted as in ordinary abdominal sections.

I beg to say here frankly that after completing the operation as described I was not satisfied with two of the features, viz: the long ligatures and the open upper end of the vagina. In some remarks on this subject, when it was presented to the American Medical Association, at Washington, last May, I said that I did not like the long ligatures as it presupposed a suppuration which ought not to occur, and that I did not like the capillary drainage per vagina as it was not always fasible to control the osmotic conditions which would determine the course of the fluids through the gauze rope. In this case, however, I yielded for the time to the force of precedent, but returned after a short time, removed the gauze and cut

away the long ends of the ligatures, thus permitting the upper end of the vagina to become at once sealed by inflammatory agglutination, as always occurs when irritated peritoneal margins are left in approximation. In this way the operation was practically completed in accordance with what I believe to be the correct principle in abdominal hysterectomy, viz.: complete ablation of the tumor and uterus with appendages, and closure of the vagina at its upper extremity. In subsequent cases I purpose invaginating the upper end of this canal, and stitching the peritoneal margins together.

In conclusion, I beg to add that this case has been under the observation of Dr. Barber for a number of years, that when I first saw the case with him we agreed that an operation was not indicated, but that during the last few months the tumor took on rapid growth, and the development of pressure symptoms made interference imperative.

#### THE TREATMENT OF PREASCITIC ŒDEMA OF THE LOWER EXTREMITIES IN ATROPHIC CIRRHOSIS OF THE LIVER.

Dr. H. Presle (*La Semaine médicale*, No. 11, 1892) divides the treatment into treatment of the primary disease and treatment of the œdema. The first indication is fulfilled by the application of revulsives to the hepatic region as vesicatories, dry or scarifying cups. The second requires the employment of purgatives and diuretics. One may prescribe a potion containing one grain of caffeine, to be taken during the day, together with the following pill:

℞ Calomel, . . . cgm. 1 (gr. 1-6th.  
Jalap, . . . cgms. 4 (gr.  $\frac{2}{3}$ ).  
Scammony, . . cgms. 5 (gr. j).

Sufficient for one pill. Make twenty such pills and direct one to be taken morning, noon and night.

The extremities should be placed in as favorable a position as possible in order to establish a collateral circulation, while they are kept at a slightly elevated temperature. Finally, the patient should be put upon an absolutely milk diet.—[Pritchard.

# REPORT OF THREE CASES OF PYOSALPINX.

WITH EXHIBITION OF SPECIMENS.

A Paper read before the Academy of Medicine, February 1, 1892,

BY

RUFUS B. HALL, M.D.,

CINCINNATI.

## CASE I.

Mrs. S., aged thirty, Hamilton, O., married eight years, no children or miscarriages. She gave a history of having had some menstrual difficulty four years before her marriage, at which time she had metrorrhagia of such a severe form that her physician resorted to vaginal tampons to check the bleeding on three different occasions. After that time she remained fairly well until five years ago when she commenced to suffer with pelvic pain, which soon caused her to seek the advice of her physician. She has been under the care of a number of physicians, but has grown steadily worse from year to year. She was referred to me for operation by her physician, Dr. Dan Millikin, of Hamilton, O., who recognized her true condition at his first examination, and at once advised an immediate operation as the only treatment to offer relief.

The operation was made in the private department of the Cincinnati Free Surgical Hospital for Women, September 18, 1891, in the presence of her physician, Dr. Dan Millikin, and the hospital staff, and the specimen here presented removed. You will observe that this tube contains pus. The tubes and ovaries are so matted together that it is impossible to tell just which is ovary and which is tube. The patient had been a great sufferer for years, and was greatly reduced in flesh and strength. She had a tedious convalescence, but has fully recovered, and is free from the terrible pain in the pelvis from which she suffered so long.

## CASE II.

Mrs. M., aged twenty-one, city, married sixteen months, no children or miscarriages. She was never a strong

woman. Three weeks after her marriage she first noticed a vaginal discharge, which has been present more or less since that time. Six months ago she had the first attacks of abdominal inflammation, and twice since, but she was not so ill as at the time of the first attack. She was able to come to my office, a distance of six blocks, and do light house-work for several weeks just preceding the operation. The patient was under my observation several weeks before she or her husband would consent to the proposed operation, and only did so when I refused to treat her longer unless they would have the operation made. The operation was made at the Cincinnati Free Surgical Hospital for Women, November 19, 1891, and these large pus-tubes removed. You will observe that one is larger than a large orange, and held fully two ounces of pus. The patient made a prompt and complete recovery; went home in four weeks after the operation.

When you examine the specimens with all of the shreds attached, showing the extent and character of the adhesions, you will wonder as I do how the poor sufferer could be on her feet with such a pocket of pus in her pelvis. Yet, experience teaches us that many women will go on for months with a pus-tube, having constant pelvic pain, and their true condition not suspected by their physician until an attack of abdominal inflammation, and, indeed, many of these cases are not correctly diagnosed, even after they do have an attack of abdominal inflammation, but are treated for pelvic cellulitis and many other diseases except the correct one. The correct thing to do with every woman suffering constant and almost daily pelvic pain, with recurrent attacks of abdominal inflammation is to make a careful bimanual examination for pus, and you will not often be disappointed.

## CASE III.

Mrs. F. B., aged thirty-one, Silverton, O., mother of three children, youngest three years old. She has suffered more or less pelvic pain since the birth of her last child, and her family physician, Dr. J. S. Caldwell, of



this city, informs me that she has suffered from two attacks of abdominal inflammation. I saw her in consultation early in December, 1891, and confirmed Dr. Caldwell's diagnosis of pyosalpinx, and advised an operation, which was made December 10 in the private department of the Cincinnati Free Surgical Hospital for Women, and the tubes and ovaries removed. The left tube was much larger than the index finger, and contains pus, as you will see when I lay it open in your presence. The right tube is occluded, but contains no pus, but was removed because it was irreparably diseased.

I wish to call especial attention to the fact that in these specimens containing pus the peritoneum covering the tubes is not smooth and shining, as normal peritoneum always is. That the distal ends are occluded, and the fimbria matted together from inflammatory exudates, a condition which is universally present in pus-tubes in every specimen I have ever seen where the presence of pus could be demonstrated. There cannot be pus without inflammation, and that process, as you all well know, causes all of the changes in structure enumerated. While they are not quite as large as a balloon, the fact, nevertheless, remains that they contain pus, and that in sufficient quantity to be demonstrated. Patient recovered promptly, and went home the twenty-eighth day afterward.

#### PILOCARPINE IN THE STATUS EPILEPTICUS.

Dr. Kernig (*La Semaine médicale*, No. 11, 1892), was called to a case of a young girl who was suffering from status epilepticus. A subcutaneous injection of two centigrammes (one-third of a grain) of the hydrochlorate of pilocarpine produced copious perspiration, followed by complete and definite arrest of the convulsions. In about an hour œdema of the lungs apparently threatened, together with collapse. Fortunately, these disquieting symptoms disappeared, the pulse rose in force and frequency, and the patient fell into a calm and reparative sleep.—[Pritchard.]

## Correspondence.

### NORTH CAROLINA LETTER.

*Unique Case of Poisoning—Climate of Asheville—Care of Consumptives.*

ASHEVILLE, N. C.,  
March 20, 1892. }

*Editors Lancet-Clinic:*

I desire to put on record rather an unique case of poisoning. The source of the poison was a belladonna porous-plaster, such as are sold daily to any asking for them. I was called late at night to a hotel to see an old lady. Her grandson came after me, and he said that his grandmother had lost her mind without any premonition or illness, and that his mother was greatly alarmed, because several members of the family had shown much these same symptoms just before they had died. The family were visitors and entire strangers to me. Arriving at the hotel, the patient had slipped off and had to be looked for and brought into the room. She was exceedingly nervous, and was dressed for a journey, although her daughter had put her to bed earlier in the evening. She answered questions put to her sharply and correctly, and then immediately began to mutter and look about her, and walk restlessly up and down the room. After some persuasion I succeeded in getting her to sit down for a minute in a good light. I noticed at once that she was constantly biting her lips and protruding her tongue nervously, which was as dry as a seasoned board, and that the pupils of her eyes were dilated. Her pulse was very rapid.

I at once determined in my mind that it was a case of belladonna poisoning, and I turned to the family and questioned them as to any medicine or eye-water that the patient had been using. But they insisted that she had used no medicines since she had been in Asheville, a period of three weeks. But I persisted, and finally said that I was satisfied that she had taken belladonna in some form, when the daughter

said that she had put a belladonna-plaster on that morning. That was the solution. A hypodermic injection of morphine, diaphoretics and diuretics, and the last traces of the plaster removed with alcohol, soon drove the cob-webs out of the old lady's head, and the idea of insanity out of those of her friends.

\* \* \*

Last summer I had quite a controversy in the columns of the *New York Weekly Medical Journal* with a gentleman who had written of Asheville's winters from a few days' observation, and who proclaimed to the world that invalids should be warned to avoid Asheville during January, February and March. I came to the rescue with facts, figures, and now as another January, February and March have about passed, it is with considerable satisfaction that I can point to the record and say, "I told you so."

Last year was an exception. The clerk of the weather evidently came into the ring with the intention of dealing Asheville a foul blow, and it is sufficient to say that he succeeded. But this year the usual order of things prevailed. We have had our storms, and occasionally a blizzard that was on a visit to the northern states whisked his tail over this way, but quickly retreated before the warm sun of this "Land of the Sky." It has rained, too, at times. Where does it not rain? But the city watering-carts have had to do duty to keep down the dust in the intervals. The streets have not been muddy, and never can be again, because the city's 5 per cent. paving bonds, to the extent of half a million have been sold, and the work of paving with brick, granite and asphalt is even now going on. Farmers were plowing in January, some evidence to the initiated that it does not rain here all the time in the first three months of the year.

\* \* \*

The U. S. signal service station will soon publish the observations in full. For the present suffice it to say that I have had the satisfaction of seeing the majority of my phthisical patients on the porches four or five days each week, on an average. This is one thing that I

insist on more and more in these cases. The tendency is either to do too much walking, driving or riding, or to go to the opposite extreme and sit by the fire all day. Consumptives should do neither. I have an unending battle with those ambitious ones, who think that in physical culture lies the panacea for their ills. I see constantly evidence of the havoc that over-exertion makes in the ranks of the consumptives. I try to manage my cases and keep them on warm southern perches, well bundled up, when necessary, as many hours as the warmth of the sun will warrant, and urge them to drink milk and take as much nourishment, in a concentrated form, as their digestive organs can manage. The injections of gold and iodine, and the inhalations of chlorine gas, serve well to stop fevers and night-sweats, and to cause sleep. This latter result has been too often seen to be a mere coincidence.

Asheville is very full of visitors this month. Both the Kenilworth Inn and the Battery Park Hotel have had to turn away many from their doors, but by corresponding before coming accommodations can usually be secured in one of the many comfortable, and even elegant boarding-houses of which this community can boast.

As ever yours,

H. LONGSTREET TAYLOR.

#### AN OINTMENT FOR BURNS.

Dr. Siebel (*La Semaine médicale*, No. 13, 1892) recommends the following as an excellent salve for the treatment of burns:

R. Euphraphin,	. gms. 3 (grs. xlv).
Olive oil,	. gms. 7 (ʒij).
Vaseline,	. gms. 60 (ʒij).
Lanoline,	. gms. 30 (ʒj).

The writer claims this salve to be an excellent application for the treatment of all kinds of burns. It is preferable to iodoform not only on account of its odorlessness, but also from its analgesic properties and the peculiar quality which it possesses of drying up the secretions of wounds, thus permitting one to leave a dressing in place for several days.—[Pritchard.

## Translations.

### MOLIERE AND GUI PATIN:

A MEDICO-LITERARY STUDY BY  
DR. NIVELET.

TRANSLATED FROM THE FRENCH BY  
THOMAS C. MINOR, M.D.

#### CHAPTER IV.

The preceding study, although it only offers a *résumé* of the medical doctrines of the time and an epitome of the more striking points observed in the Faculty, will serve to indicate, however, the scene where the great dramatic artist has drawn for his information; the ground of the scene was Paris—it was indeed a fertile field. We shall now examine whether he himself gathered his information, or whether, as we are led to believe, his work was inspired by some physician with whom he associated at leisure hours. Among the physicians, his contemporaries, whose works we have consulted, Gui Patin, in his personal letters (which were never intended for posterity), is the man who, as we have already seen in anecdotes and papers, seems to justify the satires of Moliere; for was not Gui Patin the most sarcastic and biting in his satires on his confrères? Save in points of doctrine, all his criticisms support the attacks of Moliere. "We have," says Patin, in one of his letters, "a physician named Tardy, who is well learned in Hippocrates and Aristotle, who knows his Greek, and is but little less wise than your Meissonnier. We cannot prevent him from writing, but we can stop his printing his effusions. When he consults with me he never fails to beg me to allow him to do the talking, as he has so many beautiful things to say upon the subject. I have sometimes permitted him to have this pleasure when I was not too greatly pressed by business. Some time since we had a case of continued fever, with great pain in the head of our patient. He told me marvelous tales; among others, of the wonderful qualities of hemlock. They might say of this man what a certain

proconsul said to St. Paul: '*Your great scholarship has knocked the sense out of you.*'"

Was this Dr. Tardy not a good type to furnish Moliere with medical material?

The great dramatic artist did not confine himself to merely studying by the eye, nor did he rely on the mere public chronicles of the time. His satires against the Galenists prove that he had knowledge of their writings. Is it not true, besides, that Mauvillain, his physician, who was mixed up in the controversies of the day, may have served to inspire him? We all know the response Moliere made to Louis XIV, who inquired of him what he did with his physician: "Sire," answered Moliere, "*we chat together*; he gives me remedies; I do not take his medicines, and I recover."

The medical balderdash which he exposes in some of his comedies, especially in "A Physician in Spite of Himself," is not always, as one might be led to suppose, the exclusive fruit of his imagination. The following passage from Meissonnier, who published his theories in 1641, will edify the reader on this point. Wishing to explain diseases of the head, this author permits himself to indulge in the following subtilities:

"When one understands all this brain structure, it is easy to comprehend that the *animal spirit* is situated principally in that cavity, which is around the *conarion*; and that, being nourished by the water and salt which is held in the substance of the brain with the pituitary serosity which the veins and the arteries distill, as well as the sulphur and earth in the blood, it is necessary that, as this blood is conducted by the arteries and veins which enclose it, that this brain substance, with the serosity with which it is imbued and softened, is conducted by the nerves which form the prolongation of membranes," etc., etc.

This is enough to give any one headache. Moliere's Sganarelle is a plagiarist! He has read Meissonnier and forcibly reached this conclusion: "*Os-sabundus, nequeis, nequer, potarinum, quipsa milus.*"

When Moliere, in his satirical pieces, held that patients must die methodically, when he makes Bahis, in "Love the Physician," say that "*it is better to die according to rules*," rather than escape death against rules, we can see how the conceit pleases.

A letter of Gui Patin's, moreover, demonstrates the evidence in point—that in his time practitioners dared to blame cures made where the precepts of the grand masters in medicine were not literally followed:

"Your M. de la Guilleminiere," writes he to Doctor Falconnet, of Lyons, "is wrong in accusing you of having purged your patient on the fourth day, seeing that your treatment succeeded and that the patient recovered. He has no business to know the motive that led you to resort to such treatment, and is wrong in saying that purging on the fourth day is contrary to the doctrines laid down by Hippocrates and Galen; '*Turgente materia quotidie licet purgare*.' You have done nothing save by the rule of indications, which have led you so well and happily that the patient recovered. That which you have given to purge him was sedative, and the ancients did the same at the commencement of a disease. A medicament composed of two drachms of senna, cassia and tamarand cannot be called other than a minoratif. You can assign still another reason, to-wit, that in diseases where we fear an internal inflammation it is better to purge than to permit the humors to rotten in the first region, lest that this serous and malignant humor may be carried to the brain or lung. Baillou, in such a case, would agree with you; but Fauvel, who is another good man, would even more than agree. It is in the third book of his "General Method," Chapter XII, that I am ashamed of the innocence of this man, who wishes to grow in favor at Lyons, and is ignorant enough to think that one dare not purge before the seventh day. For twenty-six years I have tried it more than a hundred times, with good success always. Doctor Nicholas Pietre was my master and a good preceptor—to tell the truth, an incomparable man; he set me the ex-

ample. One day, in a similar case, in the year 1633, I pleaded the twenty-second aphorism of the first book: '*Concocta medicari oportet, non cruda*,' etc.; and he responded in a few words: 'It is a beautiful aphorism, but it is not necessary to abuse it.' Our diseases have only made scholastic disputes. Fauvel, in truth, has been contradicted by a too Galenical Italian, a vain, envious man named Alexander Massaria, in the second volume of his work, and by Saxonia; although, to speak truly, these two professors of Padua have apparently seen less of disease, no more, than Sennert, who has discussed this question in his second volume on fevers, Chapter VI. This is why, if this quarrel lasts much longer between you, base yourself on the authority of Fauvel, who is the Prince of all modern physicians, and you will be supported in the future by the authority on your side; that which will impose silence on your adversary if he be wise."

This passage, that we have cited at length by reason of the interest it offers in a medical sense, demonstrates how great, at this epoch, the mania was to reinforce by the best arguments and reasoning the citations of authors held as authorities. The simplest case brought on the most pretentious speculations; there was a ridiculous aspect in this that could not escape the keen eye of Moliere. We know the exclamations that, in the piece "*Maladie Imaginaire*," the flowery rhetoric, much too brilliant, of Thomas Diaforius, drawn out by the malicious Toinette: "Long live the medical colleges from whence such talented men graduate! There's what it is to study; we learn to say beautiful things!"

No doubt this satire only applies in a general manner to the pedantic form which received, at that period, college studies—the humanities, properly speaking. No doubt he erred in seeing, in the rôle of Diaforius the younger, the picture of an oddity common among the majority of young doctors, leaving the benches of philosophy and as yet free from professional influence. When we reflect, too, that the study of medicine has had in all times a grave and

serious side, it becomes difficult to understand the character of Thomas Diaforius. We are tempted to believe that Moliere, forgetting himself for once, has been guilty of bad taste, and has created an exception in place of taking his subject for ridicule from a common class.

Boileau has remarked of the knaveries of Scapin: "In the ridiculous sackcloth in which Scapin is enveloped, I recognize no more than the author of the 'Misanthrope.'" But here criticism falls flat. The following citations prove that in the time of Moliere the physicians made themselves liable to ridicule by their bombastic rhetoric.

Meissonnier dedicated his "Course of Medicine" to Madam the Marquise of Caluse, and uses the following burlesque language: "I leave to savants the mission of commenting on your birth. I shall only dwell on that to which I have consecrated for you in particular, in a time even when the light of day had not lightened the world for you; when you only lived, in fact, sustained life with the blood of Madam your mother, within herself," etc., etc. Three pages of such nonsense.

M. F. Deboze, translating the "Centuries of Riviere," played upon the name of its author, and addresses his readers in the following foolish style: "The author of this work is the celebrated Riviere (English Rivers), otherwise Dean of the Faculty of Montpellier, whose works have found so many admirers among doctors that they have already passed through thirty-two editions. This is a Riviere (river) so pure and beautiful that no one can confine its course in this too narrow realm, so that it flows among strange lands across the Alps—the Pyrenees, over the Rhine and Danube; the Italians, Spanish, Dutch and Germans love so much the taste of this learned water that they glory in striving to make it their own, and transmit it to all the nations of the earth. It appears to me unjust that strangers should slacken their thirst at long distances from the source that belongs to thee, so naturally that, like a Tantalus, thou art found in the midst of its waters, without power not only

to satisfy thy thirst, but even without having the liberty of tasting. I have made only a few rivulets flow from thee at present, of which, if the sight please thee, I shall open out the flood-gates to render free not only for the use of a Riviere (river), but of an entire ocean." Deboze's style is that of 1680, and we find that if genius has always existed the taste was not refined.

When Diaforius enthusiastically rejoices in his son because the latter "blindly clings to the opinions of the ancients and never wishes to understand nor listen to the reasoning and experiments of the pretended discoveries of the age, regarding the circulation of the blood," etc.—this is the scientific passion of the day that the satirist ridicules.

In the days of Moliere the discoveries of Harvey regarding the circulation of blood met with the most bitter and inexplicable opposition from the School of Paris. The obstinacy in holding ancient doctrines was pushed to such a degree that Riolan and his sect did not hesitate to make the following impious declaration: "*Malo cum Galeno errare, quam cum Harveyo esse circulator!*"

Moliere's stage character Diaforius gives the reason he does not wish his son to attend the Court in the capacity of physician: "To you, my boy," says he, "speaking frankly, our profession near the great has never appeared agreeable, and I have always found it best to live among the common people. The public is indulgent; you need respond for your acts to no one, and providing you follow the rules of your profession, one is not troubled by what may happen to the patient. But what is unfortunate is that the rich and great, when they become ill, insist on their doctors curing them."

This was the time of the misfortunes of Valot, Physician to the Court, charged with the health-keeping of Mazarin, whose daily whims had to be humored. Proofs of this state in medical affairs at that period abound in "Gui Patin's Letters," who writes under date of August 31, 1660: "The King and Queen have arrived at Vincennes. Cardinal Mazarin is sick there with nephritic colic; he has already

been bled five times. Valot has the tail end of the job. There have been serious quarrels with Dr. Esprit, in the presence of the Queen, and Dr. Guenaut, who mocked him. The Cardinal has been purged, but they do not say anything regarding his convalescence. Valot is not at ease in Court. If he once loses his patron it will not go well with him, and he will be set down as ignorant. The steps of the Palace are very slippery, and it requires a firm foot to stand upon them for any length of time."

In "*L'Amour Médecin*" the satirical play had for its object the making of the four Court physicians ridiculous; these doctors were Guenaut, Esprit, Dacquin and Desfourgerais. We know that Moliere imitated these men to such a degree as to burlesque their characteristics even up to their mannerisms and intonation of their voices. The great playwright disguised their names in a most cunning manner. Desfourgerais in the play is called Desfonandres, from the Greek *Pheno*, I kill, *andros*, men—"I kill men." To Esprit Moliere gave the name Balsis, from *Bauzein*, to bay, by reason of the continual jabbering to which this physician was addicted. Guenaut was named Macroton, from *Makros*, slow, and *tonos*, tone, as he always spoke slowly and sententiously. Dacquin was called Tomes in the play, from *Tomes*, cutting, because he loved to open veins.

A curious remark is that of Gui Patin, speaking of "*L'Amour Médecin*" in one of his letters; he says that six Court physicians are scoffed. This mistake, without doubt, arose from the fact that this physician found little of interest in the play, wherein he might have recognized himself in the rôle of Tomes.

The different trials that the Faculty of Paris required from surgeons—the tutor questions, for the degree—were often theses sustained against pharmacists and the antimonial doctors; these made great excitement for the physicians, as well as the public. They were so many tournaments where the combatants engaged, full of ambition at having a number of the dear public witness the scene.

Thus Gui Patin tells of the medical trial of Theophrastus Renaudot: "In the end this journalist has been found guilty at the Chatelet, and has also been in Court. Five advocates have been heard, to-wit, those for the journalist, those for his family, those who pleaded for the physicians of Montpellier who were his followers, those who pleaded for our Faculty, and those who intervened in our cause on the part of the Rector of the University. Our own Dean likewise delivered an harangue in Latin, *in the presence of the fashionable society of Paris.*"

If the Parisian leaders of fashion were interested in medical quarrels, is it probable that Moliere may not have also gained inspiration here? Can we not suppose that the wise remonstrances of Filerin, in the play "*L'Amour Médecin*," may not have been dictated by these violent medical debates, where it is said: "Are you not ashamed, gentlemen, to show so little prudence? Gentlemen of your age! the idea of quarreling like young fools! Do you not see how the world views such wrangles? Is it not enough that *savants*, seeing the differences existing between our modern authors and ancient masters, should not reveal the fact to the vulgar rabble? We show by our debates and discussions the boastfulness of our art. As for me, I cannot understand all this wicked medical politics of some of our members, and I confess that all such contests have injured us in a strange manner, and that if the profession takes not care we shall be ruined."

In the character of De Pourceaugnac we see Moliere expose the Galenical theories of the day, with a verve that is delicious in its maliciousness. Is it not curious, after reading the tirade of the first physician upon hypochondriac melancholia, to find in the Riviere the same ramblings, and words as to the cause and the symptoms of this affection. Let us briefly transcribe a few passages of Riviere, and place in italics the expressions found in Moliere:

"Now, the cause of this bad disposition of mind is a *melancholic humor*, which, by its *foulness, thickness and*

black color, infects the *animal spirits* and makes them mournful; for instance, in *hypochondriac melancholy*, according to Galen, there is inflammation in the *hypochondria*, consequently a hot intemperance prevails and dominates; this inflammation, or rather *phlogosis* of the *hypochondria*; this is caused by the melancholic blood, retained too long in the spleen, where it acquires a heat by obstruction, whence *vapors arise to the brain*. We know that this malady arises from the body by the melancholic or natural habits of the body, which is black, hairy, thin, with other signs; we know that this disease arises from the *hypochondria* by an excess of heat in the entrails, frequent spitting, and winds by the mouth."

It is necessary to be a physician, doubtless, in order to understand all the genius of observation and study in certain satires of Moliere against the physicians of his time. It is also a physician who must appreciate at their just value the serious judgments that Moliere gives in his medical dramas. Let the public laugh at his comedies! To physicians belong the right to admire them, but also the authority to contradict in some of these unjust sarcasms his false conceptions and unmerited aggressiveness.

In the scene between Lucas and Martine in "The Physician in Spite of Himself," Martine, who wishes to avenge himself, prepares to castigate with rods, describing himself as *the most marvelous man in the world for desperate cures*. "Now," says he, "this is a man who performs miracles. It is but three weeks since a youngster of twelve years fell from a clock tower and broke his head upon the pavement, likewise his arms and legs. They brought in my man, who rubbed the child's body all over with a certain ointment that he knew how to make, and the child immediately rose to its feet and ran off to play hide and seek." Presently Lucas, Valere, Perrin and Thibault ran after this *learned man*, this famous doctor!

A fact, already old to-day, and to which we might add others, proves to us that the public is satirized

in this scene more than it seems to believe.

In 1848, the middle of the nineteenth century, an impudent rascal, who had learned in prison to apply empirical remedies haphazard, settled down to practice in a village of our country. Cooper by trade, wholly uneducated, but a worthy drunkard, this man announced his ability to perform marvelous cures, and proclaimed all doctors ignorant. He should have succeeded, for, like Moliere's character Sganarelle, he loved to laugh, he was a fool. A child in the village was confined to bed by caries of the hip-joint. The quack said he would put the patient on his feet in eight days, and made crutches. The time having expired, he assured the parents that the child was cured. The good parents, believing in the imposter, obliged the poor little fellow to walk the streets of the village, and the noise of the miracle was heard for a long distance. Soon all the afflicted of the adjacent country, rich and poor, flocked to the village. To some he gave bottles of "*Christian fat*," for five, ten, twenty, up to fifty francs; to others he gave an ointment of a healing kind, which scorched their skins as well as their purses. As for the poor, he played the part of good Prince, and was content to take for pay a glass of brandy or a bottle of wine. For three whole months this scandal was continued in different Communes, up to the time he was obliged to fly from the indignation of those he had had previously enthused.

The scene of Orvietan, who, in "L'Amour Médecin," terminates in a medical satire, is it not addressed to the public as well as to doctors? The good man Sganarelle, father of Lucinda, is it not the father of the family always provided "with remedies by which many have been cured?" Is this not the history of the dear public, which to-day, as in the time of Moliere, pass so quickly and easily from the hands of educated physicians into those of the latest charlatan, be he faith healer, bone setter, magnetic quack, or urinary chemist? The dear public, now as then, cries to the medical pretender:

"Sir, I pray you give me a box of your *Orvietan*, and I will pay you well;" while the quack, now as then in Moliere's play, responds:

"The gold of all the lands that oceans surround,

Will it suffice to pay this secret of importance?

My remedy cures by its rare excellence alone  
More of the ills than can be numbered in a year."

To this the dear public, now as then, answers: "Sir, I believe that all the gold in the world will not pay for your remedy; but here is thirty cents for a bottle if you will take the money;" and through all the ages the charlatan will reply:

"Admire my bounty, and the little I sell you,  
This marvelous treasure that my hand dispenses,

And you may brave with every due assurance  
All of the ills that angry Heaven sends us,"  
etc.

"The people," says Gui Patin, "are so stupid and so ignorant as to verify the remark of Pliny, '*In hac artium sola evenit ut unicuique se medicum profecti, statim credatur*'"—a charlatan who boasts of his secrets is preferred to a good modest man who boasts of nothing.

"Take heed," says Sganarelle, in "*L'Amour Médecin*," "you are going to be well edified; they will tell you, in *Latin*, that your daughter is sick."

We other moderns see in this want of Latin in lessons, consultations and scientific discussions only pedantism. This is without doubt why Moliere desired to ridicule so as to arouse public laughter. But it is evident, also, that his dislike for the art of medicine was exaggerated to the point of making him believe that these formulas, these Latin citations, were only used for the purpose of duping the public and the sick.

Moliere, moreover, could not have been ignorant with what audacity Fernel, the restorer of medicine in France, and his contemporary, so to speak, held up to honor the ancient authors, and how much the writings of this celebrated man enthused the physicians of that period.

He could not have ignored, besides, the purity of the Latin flowing under Fernel's quill, a purity that excited the envy of the learned priesthood, and which contrasts much better than today with the imperfections of the French tongue. "The Latin," remarks Maurice Reynaud, in speaking of this subject, "was so well understood by the savants of that time that several of them were able to handle it with rare talent and even to give it a truly personal seal, and, without speaking of the masters, it is certain that the humanities were better cultivated than they have been since."

Says Gui Patin: "In my youth I loved beautiful Latin, and my taste for it has had an extraordinary delicacy. I cannot prevent myself from embellishing my letters with some of the choicest blossoms culled from Cicero and Terrence." Gui Patin's taste was the taste of the day, and the injustice of Moliere upon this point has its source in an antipathy, too often venomous, that animates him against doctors.

Now, a last word as to the sarcasms and acrimony which abound in his plays wherever the medical profession is concerned. It is in "*Le Malade Imaginaire*," through the mouth of Beralde, that he, above all, seriously expresses his personal sentiment in regard to doctors. "You do not believe in medicine?" asks Argan of Beralde. "No, my brother," comes the reply, "and I cannot see why, for one's health, it may be necessary to believe." "What! do you not believe true a thing adopted by all the world, a thing that every age has revered?" "Far from holding it to be true, I find it to be one of the greatest delusions existing among men; and, to regard the thing philosophically, I see nothing more in their pleasant mumery. I can see nothing more ridiculous than a man who wishes to mix up to cure another." Then follows a long discussion, at the end of which Beralde triumphs.

We shall not attempt to controvert the opinions of Beralde and upset him in his arguments. This would only be to add to the ten thousand pages that



have already been written for and against the medical art.

In all discussions a *résumé* is necessary, and perhaps in this case it may be found in the following epigram by Estienne Pasquier: "There is no man who idolizes doctors more than I, when I am sick, nor is more doubtful of their art when I am well. You will find this remark marvelously odd, perhaps, that I respect for their art those whom I think have no certitude; and, peradventure, will say that sick in body I am healthy in mind, and, healthy of body, my mind is diseased. To the contrary, I will say, if their aphorism is true, that the habits of the body and mind mutually sympathize—being sick in body, I am also in mind when I idolize them."

This epigram, but little known, is remarkable for its *naïveté* and pleasantry. We must recognize that mockers never listen to reason, and wish to laugh always, no matter what the cost may be nor what is ridiculed.

Let us wait on these mockers to their end, and we shall see that in their turn they give physicians a chance to laugh by the seriousness with which they take our bitterest medicines and follow the rules we lay down for them. The doctor always has the last laugh at the scoffers of medicine. There is much consolation in the thought that medicine always gets even with its enemies.

[TO BE CONTINUED.]

#### BETA NAPHTHOL IN SUPPURATING OTITIS.

Dr. Hangh (*Le Bulletin médical*, No. 12, 1892) has found beta naphthol to give excellent results in the treatment of chronic suppurating otitis. It may be insufflated into the ear after cleaning out the auditory canal and tympanum. He also employs an alcoholic solution of 1.5 to 3 per cent. Out of twenty-seven patients treated by this method he obtained a cure in twenty-four, in a time varying from six to twenty-nine days.—[Pritchard.

SUBSCRIPTIONS to LANCET-CLINIC may commence at any date.

#### THERAPEUTIC NOTES

FROM FRENCH, GERMAN AND ITALIAN JOURNALS.

TRANSLATED BY  
F. H. PRITCHARD, M.D.,  
NORWALK, O.

#### TREATMENT OF CHOREA IN THE HOSPITALS OF PARIS.

According to Germain Sée, there is no specific for chorea. In ordinary cases antipyrin and arsenic produce the most relief. If rheumatism be suspected then the salicylate of soda may be associated with antipyrine. He also recommends sulphur baths. If the patients be of a hysteric character one may use the bromides, yet be careful not to abuse them, as they cause a rapid weakening of the patient. In chorea with heart disease he employs chloral and hydrotherapeutics, together with cardiac remedies, as the iodide of potash, and especially the iodide of lime. In all choreic patients with moderately severe movements one should insist upon a diet rich in albuminoids, constituents and gymnastics.

Gilbert Ballet regards chorea as an affection which tends spontaneously to recovery. All meddling medication is to be stopped. Antipyrin gives but inconstant and transitory results. Arsenic in large doses is injurious, yet Fowler's solution in doses of ten to twelve drops per day in children above ten years and eight to ten in those below that he has found useful. He also uses hydrotherapeutics. Tonics and iron are very useful in anæmic patients. The ether spray to the spine is to be reserved for grave cases; it will be found of little service. The bromides are of use in cases complicated with psychic disturbances and hallucinations. Hygiene, nourishing food, avoidance of fatigue, short walks in the open air, those who are very much agitated to remain in an airy room, will be found the best means of treating the disease. In this affection too much medication will do more harm than good.

Dejérine thinks all specific treatment useless. Tonics, massage, salt-water baths, Swedish movements, dry fric-

tions and hydrotherapeutics, under the form of cold douches, in certain cases, are resources. Hygiene, fresh air and suggestion are also emphasized. In children remedies only work harm. In adults the bromides may be used.

Joffroy gives chloral in doses of fifteen, twenty and twenty grains per day, in syrup of raspberries. The patients are put to bed after each meal and forced to sleep an hour or two under the influence of the chloral. In short, the child is to sleep a long number of hours, avoid all fatigue and mental or physical excitement. In slight cases he uses antipyrin. In severe cases one must use the wet pack twice a day, employing cold water. In very grave cases with fever he uses antipyrin. This acts efficaciously in the fever and nocturnal delirium.

Albert Robin trusts in antipyrin, seven grains four times a day, with three grains of the bicarbonate of soda, given for eight days and then replaced by the arseniate of soda, five milligrammes (one-twelfth of a grain) in three hundred grammes (eleven ounces) of water, taking two spoonfuls per day. This being exhausted one returns to antipyrin and so on.

Faisans also uses antipyrin with good results.

Dreyfus-Brisac regards chorea as an affection of rheumatic origin. Antipyrin in small doses and Dover's powder as a sedative are here his resources. In cases which have no apparent connection with rheumatism he prefers the bromide of potash and hyoscyamus. Slight frictions and spraying of the spinal column with ether he also employs.

Magnan uses in incoercible and fatiguing choreas subcutaneous injections of the chlorhydrate of hyoscine. A 1 : 50 solution is indicated, one-sixty-fourth to one-thirty-second of a grain being injected subcutaneously in adults. This interrupts the movements for six or seven hours; when they reappear they are less pronounced, and, in some cases, the disease had diminished in intensity in seven or eight days after they were begun.

Raymond uses acetanilid.

Voisin employs the bromide of potash up to eight grames (two drachms) per day. Douches, cessation of all mental work, in children as well as adults. Gymnastics are of great service. If this is insufficient he then associates the oxide of zinc, two decigrammes (three grains) per day, with the bromide. Here the quantity of the bromide absorbed should not exceed four grammes (sixty grains) per day. A one-seventh-grain pill of the oxide of zinc is first taken twice a day, increasing the dose until twenty centigrammes (three grains) per day are taken. In young girls he adds the extract of valerian to the zinc pill. He has found it rare that a chorea will resist this treatment methodically carried out.

Ségla's put his faith in electrotherapeutics, especially franklinization.

Ollivier gets satisfactory results from massage and the chloride of methyl spray, applied with caution, along the spinal column.

D'Heilly has gotten good results with strychnine in a few cases.

Simon treats his cases as follows: As ordinary chorea is considered by him as nearly always of rheumatic origin—rest in bed, revulsion to the back, especially the upper portion, by means of mustard plasters, dry frictions or dry cups, hot-air baths, aconite and cicuta internally. If fever be present then the sulphate of quinine. This is to be kept up for fifteen days. Then the patient may arise, if not too much agitated; in this case the patient must continue to remain in bed and antipyrin be given progressively in doses of one, two, three, four, and even five grammes for twenty-four hours. This is continued for several weeks, reducing the dose as the movements diminish in intensity. Finally, systematic gymnastics are of service.

#### TREATMENT OF OZENA.

Dr. Th. Flatau (*La Semaine médicale*, No. 11, 1892) regards the following as the best treatment of fetid atrophic rhinitis: Remove the crusts with a probe. The nasal mucous membrane is then sprayed with a 10 to 15 per cent.

solution of hydrogen peroxide. This causes the smaller crusts to become covered with a whitish scum, thus permitting one to recognize easily the ulcerated spots and to clean the mucous membrane completely. Then a strip of iodolized gauze (10 to 20 per cent.) is taken and dipped into a salve of the following composition:

- ℞ Sozoiodolate of zinc, . . gms. 5-10  
 (℥jss-℥ijss).  
 Vaseline, { aa . . . gms. 40  
 Lanoline, } (℥jss).  
 Mix and add:  
 Paraffine, q.s.  
 For external use.

With this the nasal cavity is packed, leaving a space for the passage of air. This should be repeated every day for four to six weeks. When possible the patient should retain the tampon all the twenty-four hours, except in case that the secretions become too profuse. By means of this method all treatment by douches is rendered unnecessary.

#### THE TREATMENT OF LUPUS OF THE NASAL MUCOUS MEMBRANE.

Prof. Cozzolino (*Rivista Italiana di Terapia e Igiene; Le Bulletin médical*, No. 101, 1891) has tried with success the following treatment of lupus of the nasal mucous membrane. After twelve to fifteen applications of the galvanocautery, which suffice to destroy the exuberant granulations of the ulcerous membrane, he employs the following formulæ to hasten the repair of the tissues:

1. Nasal douche morning and evening of tepid water to which has been added a teaspoonful of the following mixture:

- ℞ Rectified alcohol, . . . gms. 200  
 (fl. ℥vjss).  
 Naphthol, . . . gms. 10  
 (fl. ℥ijss).  
 Menthol, . . . dgms. 5  
 (grs. vijss).  
 Thymic acid, . . . gms. 2  
 (℥xxx).

2. After the douche, every three or four days, apply the following solution upon a tampon:

- ℞ Distilled water, . . . gms. 50  
 (fl. ℥jss).  
 Trichloroacetic acid, . . gms. 6  
 (℥jss).

3. During the days when this solution is not applied the following is used, night and morning:

- ℞ Camphorated naphthol, gms. 20  
 (℥v).  
 Pure carbolic acid, . . dgms. 5  
 (℥vijss).  
 Glycerine, . . . gms. 25  
 (℥vj).

4. If there form yellowish, dense crusts, which are characteristic of this affection, then instead of detaching them at once they may be softened by the application of the following salve:

- ℞ Vaseline, . . . gms. 40  
 (℥jss).  
 Aristol, . . . gms. 3  
 (grs. xlv).  
 Mercurialized iodol, . . dgms. 3  
 (grs. v).

5. During the day the following powder may be insufflated ten or twelve times through the nose:

- ℞ Aristol, . . . gms. 3  
 (grs. xlv).  
 Pulverized naphthol, . . dgms. 5  
 (℥ijss).  
 Boric acid, . . . gms. 10  
 (℥ijss).  
 Resorcin, . . . gms. 2  
 (grs. xxx).

#### LOCAL APPLICATION OF CALOMEL IN INFLAMED HEMORRHOIDS.

Dr. B. James (*La Semaine médicale*, No. 11, 1892) has employed with success for several years the local application of calomel in inflamed hemorrhoids. The remedy is applied topically by the fingers to the swollen and inflamed parts. This rapidly causes all the morbid symptoms to disappear. The writer has not seen a single case resist the action of this remedy.

#### INJECTION FOR THE TREATMENT OF TUBERCULOSIS OF THE BLADDER.

Dr. Petit (*La Semaine médicale*, No. 11, 1892) praises the following as an injection in the treatment of tuberculosis of the bladder:

- ℞ Iodoform, . . . gms. 20 (℥v)  
 Glycerine, . . . gms. 10 (℥ijss).  
 Distilled water, gms. 6 (℥ijss).  
 Gum tragacanth, cgms. 20 (grs. xxx).

A teaspoonful of this liquid is added to 150 grammes (five ounces) of tepid water to which have been added ten drops of laudanum, and the entire amount injected into the bladder by means of a soft rubber catheter, which is carefully introduced. The fluid should be introduced slowly and carefully; after about two minutes half the quantity is allowed to flow out, while the remainder is held by the patient as long as possible. This treatment causes neither pain nor tenesmus, and the injections should be repeated twice a week.

#### ANGIOSPASMOTIC HEMICRANIA.

Dr. Benedikt (*Le Progrès médical*, No. 6, 1892) recommends the following in the treatment of angiospasmotic hemicrania:

℞ Nitrite of amyl, . . . gms. 5  
(3j℥).  
Volatile oil of fennel, . . gms. 10  
(3ijss).

Keep in a bottle with a ground stopper. Pour five drops upon a handkerchief and breathe in freely.

#### GUAIACOL IN PHTHISIS.

Dr. P. Oliva (*La Semaine médicale*, No. 10, 1892) recommends the following formula for the administration of guaiacol in phthisis:

℞ Guaiacol, . . . gm. 1  
(mxxv).  
Alcohol, . . . gms. 20  
(3v).  
Extract of gentian, . . gms. 10  
(3ijss).  
Concentrated ext. of coffee, gms. 20  
(3v).

Two to four spoonfuls per day.

#### STRYCHNINE IN THE TREATMENT OF DIPHTHERITIC PARALYSIS OF THE PALATE.

Dr. Rosenzweig (*Le Bulletin médical*, No. 12, 1892) proposes to treat diphtheritic paralysis of the palate by subcutaneous injections of strychnine. In four cases recovery took place rapidly after three to eight injections. Two to three milligrammes (one-thirty-second to one-twenty-fifth of a grain) of the drug were injected at each time.

#### MIXTURE FOR HEMORRHAGE.

The following (*Pharmaceutische Post*, No. 27, 1891) is praised in the treatment of hemorrhage:

℞ Powdered ergot, . . . 3ijss.  
Sulphuric acid, . . . ℥xxx.  
Distilled water, . . . Oj.  
Boll and evaporate to six ounces and then add:  
Alcohol, . . . 3vj.  
Syrup of cinnamon, . . 3j.

#### PUBLISHER'S NOTICES.

DR. C. S. ROBINSON, Richford, Tiago Co., N. Y., says: I have tried PAPINE (Battle & Co.) and I find it possesses the medicinal virtues of opium, unalloyed with the drawbacks following the use of other forms of the drug. I tested PAPINE in my own case, having used many forms of opium, during forty years, but only in acute attacks. It is not harmful like crude opium, morphine and other preparations, in delicate or irritable stomachs; on the contrary, it is acceptable as cordial. Also, the head is not made ill as it is by the other forms of opium that have come under my observation during most half a century. PAPINE is more prompt than morphine, except when the latter is used hypodermatically. My wife has acute rheumatic attacks, and so-called "sick-headaches," and long ago decided she was unable to bear morphine or opium treatment. On hearing me extol PAPINE, she tried it unbeknown to me, and afterwards reported, saying: "I believe it is indeed a good remedy; I can take it, for it does not make me sicker when I am sick."

PEPSIN is undoubtedly one of the most valuable digestive agents of our *Materia Medica*, PROVIDED A GOOD ARTICLE IS USED. ROBINSON'S LIME JUICE AND PEPSIN, AND AROM. FLUID PEPSIN (see p. xvi, this number), we can recommend as possessing merit of high order.

The fact that the manufacturers of these palatable preparations use the purest and best Pepsin, and that every lot made by them is carefully tested, before offering for sale, is a guarantee to the Physician that he will certainly obtain the good results he expects from Pepsin.

#### Preserve your Files:

BINDING.—Preserve your files of the LANCET-CLINIC and make a convenient library of reference by sending your unbound volumes to this office. Any style of binding desired, at uniformly low prices.

SAMPLES of Sander & Sons' Eucalypti Extract (Eucalyptol), gratis, through Dr. Sander, Dillon, Iowa. Eucalyptol stands foremost as a disinfectant, is a perfect check to inflammatory action, and invaluable in zymotic diseases. Meyer Bros. Drug Co., St. Louis, Mo. Sole Agts.

## Society Reports.

### ACADEMY OF MEDICINE.

#### OFFICIAL REPORT.

*Meeting of February 8, 1892.*

The President, GILES S. MITCHELL,  
M.D., in the Chair.

T. V. FITZPATRICK, M.D., Secretary.

DR. LINCOLN MUSSEY read a paper

on

*A Report of a Case of Lupus Treated  
by Tuberculin (see p. 323).*

#### DISCUSSION.

DR. RAVOGLI:

I find that the essayist must be congratulated for the success obtained in this case. It is very interesting for me to see such a result, as I was entirely discouraged in the efficacy of tuberculin in lupus vulgaris. The reports of Besnier and Vidal, and of other dermatologists, are so discouraging that I was inclined to refuse this remedy as doubtful. Furthermore, a case of lupus ulcerosus of the nose, which I followed for a long time, was treated with injections of tuberculin, and not only showed no improvement under this treatment, but grew decidedly worse.

The effect of tuberculin on lupus is another proof that this disease is of tubercular origin. It is not yet admitted by all dermatologists that lupus vulgaris is a true tubercular affection of the skin, but some of them still maintain that lupus can be produced also by tuberculosis.

Although the present case has been successfully treated by tuberculin alone, we must not think that external means are to be abandoned. Cauterization, scraping, external applications of salves, etc., are necessary in many cases, and will help to bring about recovery.

### CINCINNATI MEDICAL SOCIETY.—

Tuesday evening, April 5, DR. J. A. THOMPSON will report a case of "Adenoid Vegetations of Naso-Pharynx."

DR. RUFUS B. HALL will present "Pathological Specimens."

## THE CINCINNATI LANCET-CLINIC:

*A Weekly Journal of*

MEDICINE AND SURGERY

ISSUED EVERY SATURDAY.

#### EDITORS:

J. C. OLIVER, M.D.

L. S. COLTER, M.D.

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HENRY C. CULBERTSON,

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Cincinnati, April 2, 1892.

## Editorial.

### LOST!—AN EDITOR.

Nearly one year ago there occurred an interesting accouchement in which triplets were born. They were no ordinary triplets, because each one was a full-fledged editor at birth. Their editorial father was called away immediately after their birth, to a distant, and we have heard, wicked city, so these fledglings never knew a father's care. Early in life (editorial) they learned that they were to be raised on the bottle (ink-bottle), so they immediately became pensive, but scratched about for material wherewith to blot out their shortcomings. As time went on it was observed that *some* development took place, and the triplets grew a little bit. They cut their editorial eye-teeth with some pain and restless nights, but they came through all right.

We are now compelled to announce that one of the trinity has withdrawn from the editorial staff. He has gone to an insane asylum, but we do not

wish our readers to infer that his editorial duties upset his mental balance, for such is not the case. The Trustees of the Insane Asylum located at Columbus have shown an unusual amount of good judgment in selecting Dr. A. B. Richardson for the Superintendent of the institution. What is their gain is our loss; nevertheless we feel that we are but voicing the sentiments of our readers when we wish him a large measure of success in his new field. We know he will make an able officer, and the institution cannot fail to receive benefit from his efficient guiding hand.

We still hope to have more or less of the Doctor's pleasing work upon the journal, but he feels that his new duties will so nearly fill his hours that he cannot retain his official connection with the LANCET-CLINIC.

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#### "THE IDEALITY OF MEDICAL SCIENCE."

A few weeks since we published an editorial article under the caption, "Relation of Medicine to Sociology," and in it we strongly urged upon the medical profession the necessity of becoming thoroughly acquainted with the social questions of the day, so that they would be able to assume their natural position, *i. e.*, that of advisers to the mass of humanity. We urged this because of the vast amount of unrest present throughout the entire world, and the almost universal discussion of these subjects; because of the almost absolute certainty of a change in the future, possibly in our life-time; because of the physician's opportunities for being an agent for good in these matters. A remarkable fact not often thought of is, that the physicians of our country go into every family, and thus the range of a physician's useful-

ness in these matters is only limited by the number of people in the world.

These additional remarks upon this subject are provoked by an article, bearing the same title as our editorial, which appeared in *The Doctor's Weekly* for February 6 and 13 of this year. The article in question is the product of Maurice J. Burstein, M.D., of New York, and deals with the "Evil Events of the Profession and an Available Device for its Reformation."

We give the Doctor's plan of reformation in his own words:

Let the doctors of each and every State form an "Order" with a grand medical board (or call it State Medical Board, if you like). This board should have its subordinate or county societies; which, again, should subdivide into districts. Each district should have a certain number of physicians, according to the density of the population. A physician should have a certain number of patients under his care, or he may be appointed by the Grand Medical Board to a fixed number of families living in his district. Physicians may be subdivided into three classes, according to their standing in the profession: regular-attending, visiting, and consulting. By this procedure, if in some cases a few physicians are wanted, as for an operation or consultation, a certain number of physicians could be procured. In this way only would we be able to give the poor man a chance to call in a doctor when needed, before he has reached a hopeless stage.

Now, as regards the financial bearing of the question. It would, as already said, be difficult or impossible to induce people to pay in advance a fixed sum of money for future medical advice. But a suggestion would be the following: Let the Doctor be an officer of health, as a policeman is an officer to keep order in town, let him be a "sanitary teacher." Every such sanitary officer, or teacher, or adviser, should, according to the amount of work he does, be paid by the Government of the State a certain salary. Say, we have in a

city 2,000 physicians, let the average for everyone be \$3,500, making \$7,000,000 a year which is, certainly, a great deal less than the same number of physicians earn annually by the present "Fee System." The money should be distributed by the Grand Medical Board, as teachers are paid by the Board of Education. The people may be taxed, either according to their income, or each and every one alike.

The reason we publish this scheme is to give an object lesson as to what we meant by "bad advice given with apparent sincerity, but with too little study and observation of the subject in hand." Although the plan is scarcely worthy of serious consideration, yet as it is the outline of the ordinary plans suggested by "socialists," we shall review very briefly some of the salient points.

In the first place, the very first proposition is an absolute impossibility, for experience with medical societies has demonstrated the utter impossibility of obtaining united action. But leaving the idea of the State Medical Board entirely out of question, the proposition is absurd in every particular.

The author says: "Each physician should have a certain number of patients under his care." Further along he advocates a fixed income (\$3,500) for each physician.

Now every physician knows that the same *number* of patients does not mean an *equal* amount of work; yet he advocates an equal salary. It would be an utter impossibility to so divide up the gross amount of medical labor as to give each physician an equal share, and if some did more work than others they would justly wish a greater recompense.

The crowning indictment against this plan is that it would destroy all incentive to good work. Ambition would be useless; careful, painstaking

labor would be put on an equality with mediocrity, or even laziness; competition would be destroyed; and all physicians would be reduced to the dead level of mediocrity. The natural tendency would be for the standard to be set by the inferior quantity, because they could never be brought to the level of superiority.

Another serious objection we see is the establishment of a paternal government within the medical profession. The only position that would suit the ambitious man would be President of the State Medical Board. This would make it too much like our army—all officers and no privates.

Enough has been said to show the impracticability of any such scheme. The results would be far worse than under the present system. We freely acknowledge that the present system is far from perfect, but we beg that men with novel ideas will subject such ideas to a careful and rational scrutiny ere they perpetrate them upon a long-suffering and much-abused public.

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#### EDITORIAL NOTES.

DR. E. M. MCPHERON, of Denver, Col., in an article in the February number of the *Eclectic Medical Journal*, entitled "Does Denver Need an Eclectic Medical College?" says:

During the last half century there have been founded in the United States thirty-two Eclectic medical colleges; and of this number there are but ten, at present, whose doors are open to the public. The majority of those extinct exhausted from lack of support, and from internal dissension. Of the ten colleges now operative, but three or four may be considered as in a flourishing condition. The majority of the Eclectic colleges at present would become extinct for want of finances only for the annual tax levied upon the

members of the faculty and board of trustees of such institutions. Few of them have the facilities for instruction that becomes an institution of learning at the present time; and none of them have that thorough equipment necessary for the perfect prosecution of modern medical research. Their buildings are inferior both in appearance and utility. Their laboratories are without the facilities of those in other departments of scientific research. Few of them can boast of exclusive hospital advantages of even inferior quality. Few of them have instructors of acknowledged ability in their respective departments. But one, so far as I know, enjoys the prestige of having a representative in the city hospital of the municipality in which it is located. . . . Looking over the record of the last fifty years we see the finger of time pointing blushing to the page on which is written the downfall of twenty-two Eclectic medical colleges.

The retrospect should cause us to hesitate long, and consider well the propriety of ushering into existence another institution whose infancy will be long and constantly attended by so many hardships and dangers, and whose maturation is a matter of well-founded doubt. . . . The American Medical College, of St. Louis, has been organized and operated for eighteen years, and during that time has had among its instructors men of acknowledged ability, both as teachers and practitioners, yet to-day her patronage renders her barely self-supporting, much less allowing a compensation to those who labor from year to year within her walls. The Iowa Eclectic Medical College has been running five years, and is a puny, delicate, weakly infant, with little promise of ever becoming of great strength. The New York Eclectic Medical College is now in its twenty-seventh year, and at the present time she is compelled to depend upon "fairs" and "socials" to raise funds to defray running expenses. The Eclectic Medical College of San Francisco has been open for twelve years, yet she has only a comparatively meager patronage.

The above extract is from an article written by a physician of the Eclectic school of medicine, and we believe is a fair account of the condition of its colleges. From Dr. McPherson's article we are led to infer that the only two Eclectic medical colleges that can lay any claim to distinction are the Eclectic Medical Institute, of Cincinnati, which he refers to as being "far-famed," and the Bennett, of Chicago, the only one with representation in the city hospital of the municipality in which it is located.

AN illustrated journal of preventive medicine will probably make its appearance about July 1, 1892. The plan is to publish it simultaneously in New York, Boston, Philadelphia, Chicago, St. Louis, Atlanta, Kansas City, Denver, San Francisco, Los Angeles, and San Diego. The title of the journal will be the *National Popular Review*, a title not at all suggestive of the nature of the proposed journal. We understand that it is not alone intended as a journal for the profession, but a popular journal for the people as well. P. C. Remondino, of San Diego, will be the editor. J. H. White, for seven years business manager of the *Journal of the American Medical Association*, will look after the publication and business management of the new journal.

THE meeting of the Alumni Association of the Miami Medical College, at the Burnet House, Thursday evening, proved, as usual, a very enjoyable affair. Dr. Andrew J. Bowers, one of Miami's earliest graduates, presided with much grace and dignity.

Dr. W. H. Wenning was to respond to a toast, but owing to the invasion of his household by death he was absent. The entire Association joined in heart-



felt expressions of sympathy for the severe loss sustained by their beloved fellow-alumnus.

A more detailed account of the proceedings will be given in our next issue.

The following appears in a recent number of the *Times and Register*:

We have received the prospectus of a journal entitled "Medicine in Its Relation to Civilization," edited by Walter M. Rew, M.D., Cincinnati, O. If this be the W. May Rew, M.D., with whom we once had some dealings, we desire to say that our account against him for advertising can be purchased very, very cheaply.

We have been unable to find any one with the above name in the Cincinnati Directory. In Polk's Register we find a physician by the name of W. M. Rew located in Poughkeepsie, N. Y. If this be the same individual as referred to in the above, he has but recently come to Cincinnati.

We learn that the appropriation for the library of the Surgeon-General's office, U. S. A., has been cut down from \$10,000 to \$5,000. We desire to enter our most emphatic protest against thus striking a fatal blow against this department. The reduction cannot be due to a scarcity of money in the national treasury, but is probably due to the fact that the committee has failed to realize the importance of the library. In company with other medical journals we request each physician to write to his congressman and senator protesting against thus crippling an enterprise which gives promise of great things.

We notice that the *Commercial-Gazette* has established a medical department in its paper, under the charge of a medical man. We regard this as a very good move, because it will give

the public an opportunity to see how matters are regarded from a medical stand-point. We trust the "medical editor" will give the public a correct idea of what honorable practitioners of medicine aim to accomplish, and the reasons therefore.

We are called upon to announce the death of Dr. D. Hayes Agnew which occurred upon the 22nd of March. The doctor had reached the age of seventy-four. He died "full of years and honors." Every physician in this country, and many abroad, knew Dr. Agnew by reputation, and all will regret his demise. We extend our warmest sympathies to his family and friends.

THE newest arrival among medical journals is the *Practitioner's Monthly*. It is published at Kingston, N. Y., and the first number, which is before us, gives evidence of a very robust infant. The journal is edited by C. L. Dodge, M.D., and J. Chambers, M.D., Thomas H. Manly, M.D., and S. L. Dawes, M.D., are the associate editors. We extend the right-hand of fellowship to the new journal.

DR. LOUIS PREVOT, a French scientist, is studying the language of chickens, and proposes to give the results of his study to the French Academy of Sciences. No doubt many of our readers have followed with interest the researches of Garner upon the language of the monkey. The investigations open a new and interesting field of science.

FOR the benefit of those firms who intend having an exhibition at the meeting of the Ohio State Medical Society, to be held in Cincinnati, in May, we

desire to state that space has been secured, and arrangements for obtaining space can be made with J. C. Oliver, M.D., care of LANCET-CLINIC office.

FLORENCE NIGHTINGALE, the mother of the training-schools for nurses, is now seventy-two years of age. She has suffered quite severely this winter from *la grippe*, and is even yet quite poorly. We trust that this grand woman may still be spared to us for many years.

GRAMMETSCHIKOFF claims to have very much reduced the virulence of tubercle bacilli by using bacilli which had passed through the chicken. Reinoculations showed a marked diminution in virulence subsequently.

#### AMERICAN MEDICAL ASSOCIATION.

The committee appointed at the last meeting of the American Medical Association to consider the best means for promoting the prosperity of the sections of the Association will hold an adjourned meeting in the Hotel Cadillæ, Detroit, Mich., June 6, at 3 p.m.

Members of the committee are requested to notify the chairman of their intention to be present at this meeting.

The committee would esteem it a favor if each member of the Association would communicate in writing his or her views concerning the best measures for promoting the development of the sections. Such communications may be sent to the chairman of the committee. JOHN S. MARSHALL, M.D., Chairman, No. 9 Jackson Street, Chicago, Ill.

RUSH MEDICAL COLLEGE (Chicago) may be congratulated on the cosmopolitan spirit shown by those who guide its destinies, if it be true, as stated in an American contemporary, that the election of a Professor of Pathology is to be left entirely in the hands of a committee consisting of "three outsiders" of such unquestioned eminence as Professors Rudolf Virchow, Robert Koch, and Elias Metschnikoff. The salary attached to the chair is \$5,000 a year, and nothing is said as to any restrictions in the matter of private practice.—*Brit. Med. Jour.*

## Selections.

### FROM CURRENT MEDICAL LITERATURE.

#### ARTIFICIAL PRODUCTION OF ABSCESSSES IN CONDITIONS TENDING TO SUPPURATION.

Fochier (*Lyon Méd.*, August 23, 1891), having several times observed that in cases of puerperal fever improvement at once set in as soon as signs of localized suppuration—as, for example, abscess of the breast or of the iliac fossa—appeared, and that cases in which no definite abscesses formed often proved fatal, conceived the idea of artificially inducing the formation of subcutaneous abscesses in cases of serious puerperal infection. He effects this object by injecting essence of turpentine (about 1 centigramme at a time) in three or four different places, and he believes that in this manner he saved several patients from all but certain death. He therefore recommends the method in infectious diseases in which suppuration is likely to occur spontaneously. He mentions pyæmia as the type of such affections, but all simple or complex septicæmias, erysipelas, and acute osteo-myelitis may be grouped in the same category, inasmuch as in all of them the formation of multiple abscesses may be a part of the process. The same thing may, according to Fochier, be said of certain diseases in which, as a rule, there is no tendency to suppuration, but which, under certain conditions, may become "generalized pyogenic infections," such as influenza, typhoid fever, and pneumonia.

Acting on this hint, Lépine (*Sem. Méd.*, February 27, 1892) adopted the treatment in a case of pneumonia, in which the patient, a man, aged thirty-six, seemed to be almost beyond recovery. The expectoration had become purulent, large *râles* had taken the place of tubular breathing, and though the temperature had fallen, there was no true resolution or defervescence, and the patient was in a condition of ex-

treme adynamia. In short, the stage of "grey hepatization" was impending or had already commenced. On the twelfth day 2 cubic centimetre of essence of turpentine was injected subcutaneously with a Pravaz syringe into each of the four limbs. The temperature rose slightly, and oscillated between  $38.5^{\circ}$  C., and  $39^{\circ}$  C. till the eighteenth day of the disease, when they were opened. Almost immediately the temperature became normal, the physical signs began to clear up, and complete resolution rapidly took place. Even before the abscesses were opened the patient had to some extent recovered his appetite, and he soon regained the weight he had lost.

Lépine states that, as regards both the general and the local condition, cure was complete. He is careful to guard himself against generalizing from a single fact, but, believing that it was solely owing to the treatment described that the patient recovered, he thinks it worth while to call attention to the method as worthy of trial in cases of "an affection which is almost always fatal—grey hepatization." — *British Medical Journal*.

#### DIABETES AFTER EXTIRPATION OF THE PANCREAS.

Minkowski (*Berl. klin. Wochen.*, February 1, 1892) says that in dogs complete removal of the pancreas is always followed by diabetes if the animal lives long enough. In a cat the author produces the same effect, but in rabbits he has not come to any conclusion, as complete removal is almost impossible. In a pig in which all but one-third of the gland was extirpated, sugar appeared five days after a meal of bread. It was diminished when meat was given, and disappeared after a day's fast. Slight forms of diabetes are also observed in dogs if not more than one-sixth of the gland is left behind. In birds and frogs diabetes cannot be produced as in dogs. In the latter the sugar appears in twenty-four to forty-eight hours, and reaches its height in two to three days. If the strength fails or complications appear, the amount of

sugar diminishes and disappears before death in animals as in man. This function of the pancreas is a specific one, but sugar in the urine can be brought about in other ways than by disturbance of this function of the pancreas, as is seen in phloridzin diabetes. In this latter the sugar is not increased in the blood as in pancreas diabetes. Again, phloridzin diabetes occurs in birds and in animals whose pancreas has been removed without diabetes appearing. By grafting pieces of the pancreas into the tissues outside the abdomen, the development of diabetes after the removal of the piece of the pancreas left in the abdomen is hindered. Lépine's view is that a ferment is produced by the pancreas which causes the destruction of the sugar, and that the absence of this ferment brings about diabetes.

Minkowski says, however, that many more facts must be known before a clear explanation can be given. The following are two striking events: (1) That glycogen should disappear so soon from the liver after extirpation of the pancreas, and (2) that lævulose can still be used up in the organism as it is excreted in a small amount in the urine, and it only slightly increases the amount of grape sugar.

—*British Med. Journal*.

#### THE HAND-SPRAY IN THE TREATMENT OF FEVERS.

Dr. J. F. Lynch, of Florida, says that in the treatment of typhoid and malarial fevers, and in all conditions of hyperpyrexia where the heart's action is too feeble to permit the administration of antipyretics, and where an immediate reduction of temperature is necessary, he has, for the last fifteen months, employed the hand-spray.

He uses an apparatus that throws a continuous spray, and a solution composed of one drachm of table salt to a pint of warm water. The patient is stripped, and is sprayed from head to foot. The upper portion of the body is first sprayed; and while an assistant, with a towel, is drying this, the lower extremities are subjected to the same treatment.—*St. Louis Clinique*.

## Miscellany.

HEALTH DEPARTMENT OF  
CINCINNATI.Statement of Contagious Diseases  
for week ending March 25, 1892:

WARD.	Measles.		Scarlet Fever.		Whooping Cough.		Diphtheria.		Croup.		Typhoid Fever.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....			4				2					
2.....	7		1	1			1	1				
3.....					2		3	1				
4.....									1		2	
5.....	1						1					
6.....			2									
7.....			1				1					
8.....					2							
9.....	6		1									
10.....	2				4		2				1	
11.....	1		1				1				1	
12.....			1									
13.....												
14.....	1								1	1		
15.....			1	1	2						1	
16.....	1		2				1					
17.....	3											
18.....	3											
19.....			2				2					
20.....			1									
21.....							1	1				
22.....												
23.....	1				1		3	2	1			
24.....												
25.....			2				1					
26.....	3		4				3	1				
27.....	1		1								1	
28.....	8						1					
29.....							1				1	
30.....	1		1				2	1				
Public Institutions.....												1
Totals.....	39		24	3	11		27	8	3	2	6	1
Last week.....	25		25	1	8		125	6	1	4	3	3

Mortality Report for the week ending  
March 25, 1892:

Croup.....	2
Diphtheria.....	8
Influenza.....	5
Scarlatina.....	3
Typhoid Fever.....	1
Other Zymotic Diseases.....	3-22
Cancer.....	2
Phthisis Pulmonalis.....	11
Other Constitutional Diseases.....	7-20

Apoplexy.....	2
Bright's Disease.....	4
Bronchitis.....	10
Convulsions.....	9
Gastritis and Enteritis.....	3
Heart Disease.....	3
Liver Disease.....	3
Meningitis.....	2
Nephritis.....	7
Pneumonia.....	17
Other Local Diseases.....	20-80
Deaths from Developmental Diseases.....	13
Deaths from Violence.....	2
Deaths from all causes.....	137
Annual rate per 1,000.....	23.74
Deaths under 1 year.....	26
Deaths between 1 and 5 years.....	31-57
Deaths during preceding week.....	119
Deaths for corresponding week of 1891.....	130
Deaths for corresponding week of 1890.....	129
Deaths for corresponding week of 1889.....	134

J. W. PRENDERGAST, M.D.,  
Health Officer."THE DOCTOR WOULD NOT  
COME."

Many jurymen seem to be under the impression that medical men are paid officers of the State, and bound to go at everybody's call. Mr. Braxton Hicks recently very properly explained to such a jurymen at an inquest on the body of a child that doctors were not bound to come when called. And he added when people knew this they would be "more likely to send for a medical man when he could do a person good," instead of waiting till death was threatened. The coroner is quite right. This is not a time for medical men to stand upon their rights or to discuss abstract questions. No profession is more ready than ours with its help and its pity by night or day. But there is a limit even to medical kindness, to say nothing of the physical limits of strength and time. A little more consideration for medical men and medical service will be amply recognized by the profession. This will be shown in two ways, as the coroner suggested—in calling them in early to save life, and not merely to certify the cause of death, and in paying them promptly and with some regard for their calling.—*Lancet*.

YEARLY subscription to the LANCET  
CLINIC \$3.00 if paid *in advance*.

## OHIO HEALTH BULLETIN.

Infectious Diseases reported to the Ohio State Board of Health in 52 cities and towns during the week ending March 25, 1892.

<i>Diphtheria:</i>	Cases.	Deaths.	<i>Typhoid Fever:</i>	Cases.	Deaths.
Ada.....	3	1	Cincinnati.....	6	1
Bellefontaine.....	1	1	Cleveland.....	4	3
Chillicothe.....	1	1	Gallipolis.....	1	1
Cincinnati.....	27	8	Lorain.....	6	1
Cleveland.....	14	1	Mansfield.....	1	1
Clyde.....	1	1	Milford.....	1	1
Columbus.....	11	13	New Lisbon.....	1	1
Elmwood.....	1	1	Youngstown.....	3	1
Findlay.....	4	1	<i>Scarlet Fever:</i>		
Forest.....	1	1	Akron.....	3	1
Lima.....	1	1	Amelia.....	3	1
Milford.....	2	1	Ashland.....	5	2
Springfield.....	4	1	Barnhill.....	5	1
Tiffin.....	1	1	Bellefontaine.....	4	1
Toledo.....	1	1	Carthage.....	1	1
Urbana.....	1	1	Chillicothe.....	1	1
<i>Whooping-Cough:</i>			Cincinnati.....	24	3
Cincinnati.....	11	1	Cleveland.....	16	11
Cleveland.....	1	1	Cleves.....	1	1
Columbus.....	1	1	Columbus.....	12	1
Milford.....	3	1	Crestline.....	2	1
New Lisbon.....	3	1	Forest.....	1	1
Ravenna.....	4	1	Mansfield.....	1	1
Toledo.....	1	1	Milford.....	3	1
Wellington.....	1	1	New Lisbon.....	3	1
<i>Measles:</i>			New London.....	1	1
Cincinnati.....	39	1	Painesville.....	1	1
Cleveland.....	18	1	Ravenna.....	2	1
Elmwood.....	1	1	Salem.....	2	1
Geneva.....	1	1	Sidney.....	1	1
Lima.....	6	1	Springfield.....	1	1
Oberlin.....	7	1	Toledo.....	2	1
Painesville.....	2	1	Upper Sandusky.....	1	1
Springfield.....	9	1	Urbana.....	3	1
Warren.....	8	1	Warren.....	2	1
			Washington C.H.....	2	1
			Waverly.....	1	1
			Wellington.....	1	1
			Wooster.....	2	1
			Youngstown.....	7	3

No infectious diseases reported to health officers in 10 towns.

C. O. PROBST, M.D., Secretary.

## LABORATORIES OF HYGIENE.

On the occasion of the opening of the new laboratories of hygiene of the University of Pennsylvania, on Monday of this week, an address was delivered by Dr. John S. Billings, of the army. By the courtesy of the editor of the *Medical News*, in which the address is to be published in full, we are enabled to give the following extracts:

Laboratories planned and fitted for public use, offering to any one who is able and willing to pay a moderate fee and to submit to a few simple regulations, not only opportunities for learning the details of the processes carried on therein, but facilities and means for making special research as he could only obtain otherwise at great expense and loss of time—such laboratories, I say, are all of comparatively recent date.

It is not yet twenty years since the first separate institution of this kind was established for hygiene—and even now there are not more than a dozen such laboratories, specially built and fitted for their purpose, in existence throughout the world. Of these the best known is probably that of the University of Munich, under the direction of Professor Pettenkofer, while the largest is that of Berlin.

This laboratory is the first structure of its kind erected in the United States, and it therefore opens a comparatively new field of work in this country. What is the nature of this field, and what are its boundaries?

The object of hygiene is to improve health, and there are few matters affecting the physical, intellectual, emotional, and moral condition of man as an individual, or of men in communities, that may not come within the scope of its investigations. The destruction or avoidance of causes of disease is but a part of its objects—it is at least equally concerned with the means of making a man better fitted to resist these causes. "That kind of health," says Montesquieu, "which can be preserved only by a careful and constant regulation of diet is but a tedious disease." Disease, like health, is a vague term, including widely different and often very complex conditions, processes, and results, which must be observed, classified, and described in such a way that different men, widely separated in space and time, may know that they are seeing the same things, and thus may have the benefit of each other's experience.

In its scientific aspects, then—those which relate to definite and precise knowledge—hygiene rests largely on

physiology and pathology, the third leg of the tripod being formed by vital statistics; while in its practical aspects it must rest on chemistry, physics, and the date of sociology and politics.

At any given time, therefore, its scope and practical value must depend upon the breadth and solidity of the foundations which these various branches of science can provide for it. The opinions of the medical faculty of Paris as to the causes of the "black death," and the advice which they gave as the means for lessening the "great mortality," absurd and preposterous as they now appear to us, were yet fully in accord with the knowledge and opinions of the time.

At the beginning of this century physicians did not distinguish with any certainty between typhoid, typhus, and malarial fevers, or between consumption and various other chronic diseases of the lungs, and until this was done investigations into the causes of these affections were necessarily almost fruitless.

When, however, a clue is once given to the student of causes, he may be able, by detecting differences in these causes, to call the attention of the pathologist to differences in the results, and thus the bacteriologist, by proving specific differences in micro-organisms, all of which produce fever, suppuration, etc., induces closer study of details of cases by physicians, and the recognition of new and more clearly defined groups of symptoms and results, or in other words, of new diseases.

We live in an age of specialization. Progress in science, as a whole, depends upon special progress in each of its branches. Our present knowledge of physiology depends largely upon the perfection of electrical methods. Pathology and pathological bacteriology are now waiting for increase of knowledge in organic chemistry. The law of evolution applies to this as it does to modern industrial progress.

The physician deals with sick men, and his first question is, What is the matter with this person? That is, what group of symptoms does he present, and to what derangement of his mechanism are these due? The hygienist

deals with two sets of problems—the first relating to men who are not sick, and how their health and vital resistance power are to be not only preserved, but improved and strengthened; the second relating to sick houses, feverish blocks or wards, infected localities—where the first questions to be solved are: What are the causes of this condition of things? How have they found entrance? Are they still acting?

In the investigation of causes he must consider not only the immediate or exciting, but also the remote or predisposing; not only those which are preventable, but those which, with our present knowledge, are unpreventable; and thus it is that heredity, race, local meteorology, occupation, and many other circumstances must be studied by him, as well as the effects of food, clothing, habitation, poisons, and viruses.

The recent advances in our knowledge as to the action of certain micro-organisms in the production of disease in animals and man have been largely made by laboratory methods, and indicate clearly that the study of bacteria and microzoa, and of their development, products, and effects, must be an essential part of the work of a hygienic laboratory, which should provide the peculiar arrangements and apparatus which are required for this sort of work. In fact, several so-called hygienic laboratories are simply bacteriological laboratories, the interest in this particular branch of investigation having, for the time being, overshadowed all others.

Our laboratory, however, must provide also the means for chemical investigations of air, water, food, sewage, secretions and excretions, and the products of bacterial growth; for testing the effects of gases, alkaloids, and albumoses of various kinds upon the animal organism; for investigations in the domain of physics pertaining to heating, ventilation, house drainage, clothing, soils, drainage, etc.

Just at present research is being specially directed to certain minute animal organisms—the microzoa—such as are found in the blood in malaria and in the skin in certain diseases, and to

immunity, especially to that immunity which may be artificially produced.

Experimental investigation is a slow process, and very uncertain in its results. An experiment may be conceived which seems as if it would give important results. The experiment itself would require only a few moments or a few hours if all the apparatus were ready to produce the required conditions, and to record in terms of weight and measure the results obtained. But to make this apparatus in the best form, and to provide the means of recording, may take a year or more, and in making this preparation a dozen problems will come up to be solved by other experiments.

You are pretty sure to discover something new, but by no means sure that it will be what you began to seek. Every discovery opens new questions and indicates new experiments, and the precise shape in which the work presents itself varies with place and season.

We can not foresee precisely the demands which will be made upon us, or which we shall make upon ourselves, but we do know that we shall want some large rooms in which a dozen or twenty men can be at one time taught how to investigate, working under the eye of an instructor; and also a number of small rooms, each fitted for the work of one or two men who have attained a certain amount of skill, and are engaged in original research. In all these rooms we shall at times need to use microscopes, gas-heating, and steam; there will be vapors and fumes produced; there will be delicate instruments scattered about, and the rooms must therefore be light, have abundance of gas, steam, and water, hoods and flues for conveying away fumes, and plenty of fresh air without dust.

Many of the things that will be seen through the microscopes will be rapidly changing form, and we shall need pictures as well as descriptions of their different shapes.

The most useful drawings for our purposes are those made by sunlight, and therefore we want photo-micrographic rooms.

We shall wish to test the merits of

various articles of house-equipment, such as different patterns of steam radiators, traps, sinks, closets, etc., and for this purpose we must have places where they can be fitted and put into use.

We must know what other investigators in other laboratories, and many places besides laboratories, have done and discovered, that time and effort may not be wasted.

We must, therefore, have the books and journals in which these are recorded, which are already many, and coming rapidly. A small library and reading-room is therefore essential.

Much of the apparatus to be used must be either made or specially fitted and adjusted on the spot to meet special indications which it is impossible to foresee, and therefore we need a large workshop, with tools and appliances for working in wood, glass, and metal, and with power.

After describing the new laboratory, Dr. Billings continued as follows:

We hope that some increase of knowledge will be made here by the workers in the laboratory itself; but the main point to be kept in view is to provide well-trained, scientific, and practical men for other fields of labor. Dr. Mitchell has said that the true rate of advance in medicine is not to be tested by the work of single men, but by what the country doctor is. So, also—and even more so—advance in practical sanitation is not to be measured by laboratory records, but by what health officers and sanitary engineers are able to accomplish.

Even now we *know* much more than we *do*, and the skilled sanitarian too often finds himself in the position of the unhappy daughter of Priam and Hecuba, who could foretell, but to no purpose.

This laboratory is fortunate in being closely connected with, and in the immediate vicinity of, a great medical school, and of great hospitals. As was said before, one of the essential foundations of scientific knowledge of the causes of disease is minute and accurate diagnosis and pathology, and we are therefore in constant need of the best knowledge of leaders in these branches

of medical science. The hospital is filled with specimens of the results of such causes, acting on the human body—from one point of view, Nature's experiments with poisons cunningly elaborated in the tissues of the body, or with viruses coming from without, upon blood and bone, muscle and brain. Much of the work of this new department will be connected with the results of these experiments.

The laboratory is also fortunate in being located in a great manufacturing city, where the effects of different occupations, of trades dangerous or offensive by reason of dusts, or of vapors, or of waste products, can be readily observed and the materials for study obtained. There is an immense field for a sanitary clinic here, and in the habitations, the streets, the water-supply, and the sewers of Philadelphia.

These clinics, however, can not, as a rule, be reported for the press, either lay or medical, since to do so would, to a great extent, defeat their object; the great majority of the sick in houses and manufactories must be considered as strictly private patients, and their affairs held as confidential. In the case of public institutions, or of public nuisances, a somewhat different rule may apply.

Practical hygiene is to play an important part in municipal government, to secure the best form of which is now one of the most urgent questions of the day. Many of the questions to be decided by city officials as to water-supplies, sewage disposal, etc., require expert knowledge to answer.

Of course, the subject of hygiene and the work of a university department devoted to the increase and diffusion of knowledge in sanitary science extends far beyond the experiments and demonstrations for which this laboratory is specifically fitted.

Bacteriology, chemistry, pathology, physics, and medical and vital statistics give us the foundations, but sociology and jurisprudence must also be studied in their relations to sanitation to obtain the best results.

It is in and to the home and the workshop that these results are to be

applied, and he who aspires to be his brother's keeper must know how his brother lives.

Labor questions, education questions, maritime and inter-State commerce questions, and methods of municipal finance and government are all intimately connected with matters of personal and public hygiene, and economic consequences, as well as health, must be considered in the advice and regulations of the sanitarian.

I count it as fortunate, therefore, that there is a law school and a school of finance and political economy in this University to which the Department of Hygiene can look for advice and friendly criticism when these are needed, as they surely will be.

And now a very few words as to the needs of the laboratory. First of all, it needs men—men thirsting for knowledge, and fitted by previous training and education to come here and acquire that knowledge, not merely the knowledge that exists in books or that the teachers in this laboratory may possess, but that which is yet unknown, the weight of that which no one has yet put in the balance—the shape, and size, and powers for good or evil of things whose existence has not yet been demonstrated—men who will patiently and earnestly seek the answers to the questions, "What?" "When?" and "How?" in the hope that thus they may by and by obtain some light upon the more difficult problems of "whence?" and "whither?" even if they may never be able to answer "why?"

There are not many such young men whose tastes will be in the direction of these lines of research, and of these there will be very few who will have the means to support themselves while engaged in the work. We need, therefore, the means to help them in the shape of half a dozen fellowships, paying about \$500 a year each, and granted only to those who give satisfactory evidence of capacity and zeal.

The second thing we want is a demand on the part of the public for really skilled, well-trained sanitary investigators and officials such as we



hope to send out from here; we want a market for our product; we want the legislators of this and other States, and of our rapidly growing municipalities, to be educated to appreciate the importance and practical value of such health officials, and to give the best of them employment.

Thirdly, the laboratory wants the co-operation and assistance of sanitary authorities and inspectors, and especially of those of this city and State.

It needs to know from time to time what they are interested in and are working at, to have the opportunity of showing to its students cases of special interest—sick houses, localized epidemics, special forms of nuisance.

And, on the same principle and for the same reasons, it desires to have its attention called to special methods of heating, ventilating, and draining buildings, and especially public buildings, such as schools, hospitals, prisons, churches, and theatres, and to matters connected with the hygiene of manufacturing establishments and special occupations, methods of disposal of offensive or dangerous waste products, of protecting workmen against dusts, gases, etc.

In short, we want to know how these things are managed by the men who have a practical interest in them; and if, in our turn, we can suggest improvements, we shall be glad to do so.

Fourth, the laboratory wants a reference library as complete as it can be made, and always up to date. Many of the books and journals required must be purchased, and for this purpose a special fund is needed, but many of the works required can only be obtained by gift.

Thus we want all the reports of boards of health—State and municipal—of municipal engineers, water-works and water commissions, park commissioners, etc.

We want the catalogues and circulars of all manufacturers of heating and ventilating apparatus, of plumbers' supplies and house fixtures, of electric and gas fixtures, of machinery and apparatus connected with water-supply and sewage disposal.

We want copies of plans and specifications of large buildings of all kinds.

And these things can only be obtained through the aid and good-will of manufacturers, engineers, architects, and sanitarians all over the country; and this aid I venture to ask, feeling sure it will be granted by those who know what is wanted.

I will mention but one more special want to-day, and that is of means for the proper publication of illustrated reports and accounts of the work done in the laboratory.

In the mean time we must be patient, and not too eager to touch the fruit of the blossom that is not yet blown.—*N. Y. Med. Jour.*

#### UNUSUAL MUTILATION IN CHILDBIRTH.

The following case is reported by J. M. Barbour, M.B., in the *London Lancet*, and is certainly unique:

M. K., an unmarried woman, traveling *alone* in a compartment of a suburban train, was suddenly seized with labor pains. Feeling a protrusion from the vagina, she states she attempted with some force to deliver herself, and broke the presenting limb—an arm. In a moment of pain and frenzy she took a table knife from a tiffin basket, severed the limb below the elbow and threw it from the carriage window. A few minutes after she alighted from the train, and walked half a mile home. When seen, an half hour after the incident, a considerable quantity of arterial blood had escaped from the vagina into cloths and vessels, but an excellent pulse and an entire absence of pains hardly lent credence to her story. On examination the vagina was occupied by a ragged projection, which proved to be the "balance" of an arm presentation. The patient was placed under chloroform and much difficulty was experienced in turning, the management of a jagged stump greatly hindering manipulation. Eventually a full grown, well-nourished male child was delivered dead, with the right arm severed about two inches above the elbow. There was no funis pulsation; the stump was

pale and flaccid, with a general pallor of the entire skin. The uterus was douched twice daily with solution of perchloride of mercury, and the patient made a good recovery.

This case singularly illustrates the exemption from criminality where mutilation occurs *before the child is free from the maternal passages*.—*Western Med. Reporter*.

#### FATAL POISONING BY EPSOM SALT.

Dr. Wm. Lang reports (*Lancet*, 1891) that a woman, about thirty-five years old, accidentally took four ounces of sulphate of magnesia in a tumbler of hot water. She complained of burning pain in the stomach and bowels, choking feeling, power going out of arms and legs. The tongue and mucous membrane of the mouth were normal; no sickness, vomiting, or purging; pulse, 96 and regular. He gave as emetic, thirty grains of sulphate of zinc, which did

not act. Patient became collapsed, with dilated pupils, slight twitching of muscles of face, complete paralysis, and became comatose and died in one and a quarter hours after ingestion of the salt. There was no autopsy.—*Am. Jour. Med. Sciences*.

LEUCORRHOEA is, according to Dr. Louis Bauer, often due solely to constipation, hence clearance of the bowels of their fecal contents is in many cases the chief and most effective treatment of that troublesome disorder.—*Jour. Am. Med. Assn.*

COUNTERFEIT MUMMIES. — Seventeen mummies, recently purchased at a cost of \$200,000 by the Berlin Museum, have been shown to be of recent manufacture and the handiwork of some wily Arabs of Alexandria.—*Med. Record*.

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## CONTENTS.

### LECTURES.

BRAIN TUMOR IN THE LEG (CORTICAL) CENTER. By Philip Zenner, A.M., M.D., Cincinnati. 459

### ORIGINAL ARTICLES.

REPORT OF A CASE OF TOTAL EXTIRPATION OF THE Uterus for Large Fibroid Tumor. By Rufus B. Hall, M.D., Cincinnati. 463

### SOCIETY REPORTS.

CINCINNATI MEDICAL SOCIETY.

Meeting of March 1, 1892.

Specimen of an Unusually Large Post-Nasal Polypus, with Report of Case. By J. W. Murphy, M.D. 460

Two Cases of Pyosalpinx, with Exhibition of Specimens. By Rufus B. Hall, M.D. 470

### ACADEMY OF MEDICINE.

Meeting of February 15, 1892.

Operations for Empyema, with Report of a Case. By Seth Evans, M.D. 464

### PHILADELPHIA COUNTY MEDICAL SOCIETY.

Meeting of March 9, 1892.

A Year's Work in Minor Surgical Gynecology at the Kensington Hospital for Women. 471

### EDITORIAL.

MODERN TREATMENT OF VESICAL CALCULI. 482

THE ANNUAL COMMENCEMENT AND REUNION OF THE Miami Medical College. 483

EDITORIAL NOTES: An Out-Door Obstetrical Clinic.—To Extract a Hairpin from the Bladder.—Ohio State Medical Society. 484

The Pan-American Medical Congress. 486

Contents continued on Advg. p. 4.

See Advertisement "VIN MARIANI" on Insert page x.

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CINCINNATI, April 9, 1892.

Whole Volume LXVII.

## Lectures.

### BRAIN TUMOR IN THE LEG (CORTICAL) CENTER.

BY

PHILIP ZENNER, A.M., M.D.,

Clinical Lecturer on Diseases of the Nervous System in  
the Medical College of Ohio.

The man before you, who presents the usual appearances of good health, comes here for the treatment of a slight weakness in the left leg, and occasional spasmodic seizures in the same member.

These seizures he thus describes: He first feels a tingling or stinging sensation in the anterior part of the sole of the foot, and almost immediately observes clonic spasms in the toes, which soon pass to all the muscles below the knee, those above the knee not entering into spasmodic movement. He estimates that the duration of the paroxysm is from ten to fifteen minutes. Immediately afterwards there is complete paralysis of the muscles which had just been convulsed, so that he cannot move the toes or foot in the least, and the foot and leg below the knee feel numb and "dead." In about half an hour this condition passes off altogether, and the leg is as it was before the spasm.

The first paroxysm of this kind occurred seven months ago, the second about two months later; now they occur several times in a month. He thinks they are increasing both in frequency and severity.

After the second spell he first detected that the left leg was not as strong as before, and this weakness has been slowly increasing since. You observe this weakness in his manner of walking; and when he is told to make forcible movements at the different joints, or

such movements are forcibly resisted, a slight paresis can be detected in all the muscles of the left leg.

These symptoms, then, clonic spasm of a limited part of the leg—monospasm, we term it—and paresis in the same part, are the only symptoms of which he speaks, and on them we must base a diagnosis.

I will state immediately that the diagnosis is tumor of the brain. We may even give the exact seat of the tumor, that is, in the right hemisphere, in the mid portion of the central convolutions—the motor center for the left leg—either in the cortex, or, which is more probable, immediately beneath it. The reasons for making this diagnosis will be given as we go along, but a chief one is the peculiar convulsive movements. I shall first tell you something about the latter.

Spasms of this kind are now usually termed Jacksonian epilepsy, because Dr. Hughlings Jackson was the first to call attention to their significance. This was some thirty years ago; though long before this they had been observed and described, but had been confounded with ordinary epilepsy. Such spasm may be in any part of the body, as one leg, one arm, one side of the face, or in a group of muscles, or even a single muscle. It may remain in the part in which it begins, or it may spread thence to other parts, or all parts, of the body. In case it spreads it does so in a certain and settled manner. For instance, if it begins in the face it passes next to the arm and then to the leg, never jumping from the face to the leg and skipping the arm. If in the arm it extends thence either upward to the face or downward to the leg, or in both directions. If it passes to the other side of the body it usually passes from one leg

to the other, and from the latter passes up the other side. This spread of the spasm over the body is in accordance with the regional arrangement of the motor centers in the cortex. On one side and most inferiorly lies the face center, next above it the arm center, then the leg center; and then follow on the other side leg, arm and face centers. Ordinarily consciousness is not affected; but when the spasm passes to the other side of the body there is usually loss of consciousness, as in general convulsions. Rarely consciousness is lost when the spasm is not so extensive.

To Hughlings Jackson the high honor is due of having pointed out the significance of these spasms, that is, that they were due to lesions in a definite part of the brain, that part since termed the motor centers. The reason he deserves such great credit is that it was the teaching of science in that day that all parts of the cerebral cortex were alike, that the functions of all were the same. These observations of Jackson's were among the first to indicate that each part of the cortex has different and distinct functions, a truth soon afterwards so brilliantly demonstrated by experiments on animals.

Since Jackson's teachings it has become known that monospasm points to disease of the central convolutions; if of the face, to the motor center of the face; if of the hand, to the motor center of the hand, and so on. Not only this, but it indicates an irritative lesion, the "discharging" lesion of Jackson, which is usually a tumor. In other words, Jacksonian epilepsy usually means a brain tumor affecting the motor center of the part that is convulsed. For a time it seems to have been believed that it always had this signification. But further observation has taught us otherwise—that we may have such manifestations with other pathological conditions, and with disease of other parts of the brain, or even with no discoverable disease whatever. This symptom has occurred with the setting in of a small hemorrhage, or softening, affecting the motor centers or tract, with abscess of the brain, rarely in multiple sclerosis, and diffused disease of the cortex, such as is found

in dementia paralytica. It has been found with lesions of different parts of the cerebral motor tract, in the pons varolii, crus cerebri, and internal capsule, and also when the lesion is in distant, non-motor parts of the cerebral hemisphere.

Why monospasm should occur with lesions so differently located, it is impossible to say, but, nevertheless, we know that in the overwhelming majority of cases the lesion is an irritative one, most commonly a tumor, and that its most common seat is the motor cortex. It is not at all improbable that in those rare instances in which the lesion is found elsewhere, the motor centers are indirectly affected, and the true source of the manifestation.

To return to our case. The classical manifestation of Jacksonian epilepsy limited to part of the leg, makes it exceedingly probable that there is a lesion—and that a tumor—in the leg center. But what I have already said informs you that that conclusion is only probable. What have we to strengthen that opinion?

Firstly, as the seat of the lesion. In addition to the monospasm, there is the monoplegia, paresis limited to the muscles of the left leg. Also, you observe when I strike the ligamentum patellæ that the knee jerk is more marked than on the other side. The increase in the tender reflex is not great—not so great that we can elicit the ankle clonus—but that manifestation, and, especially, the paralysis, prove that the lesion is in some part of the motor tract. This considerably narrows the area in which the lesion may be situated, and, therefore, adds to the probability that it implicates the motor center. Another symptom pointing to the location of the lesion I shall speak of presently.

Secondly, as to the character of the lesion. You remember there has been a gradual increase in all the symptoms, the spasms gradually increasing in frequency and intensity, the weakness in degree. This indicates that the diseased process is extending, and as every indication is that the latter is very circumscribed, and there is nothing to point to the presence of an abscess, we

must conclude that we have to do with a new growth—a tumor.

I have often had occasion to mention that the cardinal symptoms of brain tumor are headache and double optic neuritis. Can we, then, have brain tumors, and, especially, can we diagnose them, in the absence of such symptoms? Certainly such cases occur, for post-mortem examinations often reveal brain tumors where no symptoms whatever were manifested during life; and this case shows us that the diagnosis can be made without them. It is not uncommon for monospasm to be the first symptom of brain tumor, and it may, for a long time, be the only symptom. Double optic neuritis is, possibly, present in the majority of cases, but is usually overlooked, for it may not, especially in the beginning, impair vision, and, sometimes, disappears without a trace. This symptom seems to have no local significance, that is, it is found whatever be the seat of the tumor.

On the other hand, headache has, to some extent, a local significance. It most commonly implies heightened intracranial pressure, but the latter causes pain, because the sensitive brain membranes are compromised. The latter are the only sensitive structures within the skull, and as tumors in some localities are likely to affect them much more than in some other parts, the pain may have a local significance. For instance, a tumor in the cerebellum, lying between the unyielding bone and the tightly-stretched tentorium, other things being equal, is likely to produce far more pain than one lying in the loose tissues between the crura cerebri. For the same reason tumors beneath the cerebral cortex may cause little pain. The kind of tumor has much to do with the amount of pain. For instance, rapidly-growing neoplasms, or such as vacillate rapidly in size, as angiomas, are likely to produce much irritation in the membranes and evoke intense pain, while quiescent tumors, or those of slow growth, may cause comparatively little irritation.

Our patient does not complain of headache. But on close questioning we obtain the information that he does

have frontal headache—not severe—perhaps once a month, which he was unaccustomed to in former years. Also, you observe, when I percuss over the scalp that there is a part to the right of the median line, and posterior to the ear, in fact over the motor center for the left leg, over which the percussion produces more pain than elsewhere. There is not only tenderness at this spot, but he speaks of a peculiar, dull sensation, apparently inside the skull, as being evoked by the percussion, a kind of sensation that has come spontaneously, now and then, but only in recent months. This local tenderness has considerable value as a localizing symptom, and it is the last one we can adduce in this case.

So much as to the presence of a tumor and its locality, and now what is the nature of the tumor? This question is far more difficult to answer, in fact, the answer must be, more or less, a surmise. We will bring in review only the most common types, for as we can only make a probable diagnosis, there is no need of taking the rarer varieties into consideration.

Gummata and tubercles are the commonest brain tumors, and in their histological structure the two are much alike. Most frequently they occur in multiple form, of small size, and scattered, chiefly, over the surface; but not rarely they occur in solitary form, are likely to attain a larger size, the gumma then being attached to the dura, the tubercle being most likely found in the substance of the hemisphere. The tubercular tumor occurs most frequently in cases of phthisis, and in young subjects.

Next in frequency comes the sarcoma. The round cell, spindle cell, giant cell sarcoma, and fibro-sarcoma are found here as in other organs. They usually are of a round form, and vary in size from that of a hazelnut to that of a walnut, though the softer ones, especially if in the substance of the brain, may attain a much larger size.

The glioma is a form of tumor peculiar to the brain. In structure it approaches the sarcoma, but it is a growth which springs directly from the nervous structures. It may be so much like the

brain tissue in appearance that only the increased size of the part reveals its presence. It occurs most frequently in the substance of the brain, and grows very slowly. Its consistence scarcely differs from that of the surrounding brain tissue, so that it may attain a large size before making any symptoms.

Carcinoma occurs not rarely, but most commonly it is secondary. Primary carcinoma of the brain is very rare. It grows very rapidly, and destroys all tissues that lie in its path.

Finally, I shall only mention the parasitic growths, the cysticerci and echinococci, which already belong to the rarer varieties of brain tumor. The former vary in size from that of a pea to that of a hazelnut, are always multiple, frequently in large number. They are most commonly scattered over the pia. They may remain altogether latent, but more commonly they cause general symptoms, such as epilepsy, or acute insanity. The echinococcus occurs, usually, in solitary form, and forms a large cyst and produces marked symptoms.

In our case we can exclude carcinoma because of its rapid growth, the production of intense headache, etc. The parasitic growths, the cysticercus at least, may also be excluded. The patient denies having ever had venereal disease, and reveals no present traces of syphilis, so that there is no basis for the diagnosis of a gumma. The robust health of the patient makes the diagnosis of cerebral tubercle improbable, but a sister died of phthisis and he thinks a brother has the same disease, so that a possibility of cerebral tubercle cannot be denied. But probably the tumor is either a glioma or sarcoma, either of which, especially the former, is likely to occur in the region in which we have located this tumor, to be of slow growth, and not to produce, at least in the beginning, very severe symptoms.

Having diagnosed the location and probable character of the tumor, the question next arises, should an operation be resorted to for the purpose of its removal? The fact of its being in an accessible part of the brain seems to

make it an especially favorable one for operative interference. Before resorting to such measures it would be wise to place the man in an institution where the peculiar spasms can be observed by trained eyes. This would be a proper precaution, because the diagnosis is based chiefly on these manifestations, and the statements of untrained observers are frequently deceptive.

If I am rather lukewarm in urging such measures at the present moment, it is from the following considerations:

Firstly, there is no urgency so far as the present condition of the patient is concerned. He looks upon his symptoms as trivial.

Secondly, notwithstanding what has been said, there is a possibility of mistake in diagnosis.

Thirdly, it is quite probable that the tumor is sub-cortical, rather than cortical—I judge, partly, from absence of pain in the head—it is not improbable that it is not incapsulated, not distinctly circumscribed, but, without distinct margin, passes into and blends with the brain tissue—this may be true of most of the tumors described, especially the gliomata—which would add greatly to the difficulties of finding and removing it.

Lastly, the results of surgical interference in brain tumors have not been very brilliant thus far.

Though such considerations make us lukewarm at the present moment, it is not improbable, should the patient remain under our observation, that future developments will prompt us to urge immediate action.

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#### A SALVE FOR THE TREATMENT OF EXFOLIATIVE MARGINATE GLOSSITIS.

Dr. Besnier (*Le Bulletin médical*, No. 9, 1892) recommends the following salve:

R Hydrochlorate of cocaine,	cgms. 5
(gr. j).	
Balsam of Peru, }	aa . gm. 1
Boric acid, }	(℥xxv).
Vaseline, . . .	gms. 30
(℥. 3jss).	

Apply locally twice a day.

—[Pritchard.



## Original Articles.

### REPORT OF A CASE OF TOTAL EXTIRPATION OF THE UTERUS FOR LARGE FIBROID TUMOR.

A Paper read before the Academy of Medicine, February 8, 1892,

By

RUFUS B. HALL, M.D.,  
CINCINNATI.

Mrs. B. W., aged fifty years; residence, this city. Referred to me by Dr. Joseph Eichberg, with whom I saw her in consultation some weeks ago, with reference to the advisability of an operation, which was made February 4. The tumor filled the pelvis and greater part of the largely distended abdominal cavity. It was irregular in outline, with one large mass to the right upper portion of the cavity. The operation was made in the presence of her family physician, Dr. Eichberg; Dr. Hall, of Springfield, O.; Dr. Webb J. Kelly, of Galion, O.; and Drs. Senour, Wright, Thompson and Green, of Troy, O.

When the cavity was opened it was found that the only portion of the tumor which was not densely adherent was a space of about six inches square directly in front of the tumor. All of the upper half of the tumor was covered over with omentum, which was densely adherent to the tumor and abdominal wall, which was so much injured that a large portion of it was removed. The most difficult adhesions, however, were intestinal, upon the upper and back part of the tumor. We were obliged to separate all of the adhesions before we could roll the large mass out of the cavity or apply a temporary clamp to control the bleeding. The patient therefore necessarily lost a large quantity of blood. This could not be avoided, owing to the fact that the growth was so large that one could do nothing inside of the pelvis or abdomen to control the hemorrhage, for want of working room, until the tumor could be rolled out. The adhesions were rapidly broken up and the upper portion cut away, which gave

more working room, after which the pelvic adhesions were separated with the greatest difficulty. After the broad ligaments were tied off it was then found that the pedicle was largely denuded of peritoneum, so if one was to treat the pedicle extra-peritoneally they would have a very undesirable pedicle, which condition of affairs I have had on other occasions. This condition of the pedicle did not cause me to make the operation of total removal of the *cervix*, and thus leave no pedicle, as I had fully decided to do so before the operation was commenced, and had so stated to my assistants, which was carried out as originally planned by stitching around the *cervix* and cutting it away, leaving the ligatures long and carrying those near the upper end of the vagina out through that tube.

For more than five years I have believed this to be the rational and correct method of making the operation for all large tumors of the uterus, and on more than one occasion have discussed the method in private with my friends engaged in the work; but, as the majority of operators were using the clamp, I did not have the courage of my convictions and try it until this case. I am more than pleased with the method. So far as I am aware, it is the first time the operation has been made in this city or State, but I am quite certain it will not be the last time. I am convinced that the method has come to stay, and the clamp in hysterectomy will soon be a thing of the past, as certain as it is now a thing of the past in ovariectomy.

I am certain that I could improve upon the technique in the next operation, by not bringing the ligatures out into the vagina. I had never seen the operation made, as there are but few operators who have performed it, and those but a few times; therefore much of the work was new to me, yet I felt certain I could do it as others had done it, and as I had worked my way up through from the vagina in extirpation of the cancerous uterus I did not see why, after the bulk of the tumor was cut away, I could not work my way down from above.

The specimen, as you see, is a hard fibroid, and was of ten or twelve years' standing, and consists of (1) the entire uterus, including the cervix; (2) the ovaries and tubes.

April 5, 1892. The patient made a complete recovery, and went home in five weeks after the operation.

#### THE CYANIDE AND TRICYANIDE OF GOLD IN PHTHISIS PULMONALIS.

Dr. Oesterlen (*Pharmaceutische Zeitschrift für Russland; Le Bulletin médical*, No. 101, 1891) recommends the following formula of the cyanide of gold in the treatment of phthisis:

℞ Cyanide of gold, cgms. 18 (grs. ijss).  
Chocolate, gms. 45 (℥jss).

The cyanide of gold presents itself under the form of a yellow powder, insoluble in water, alcohol or ether. The crystals are only recognizable under the microscope. This preparation was proposed forty years ago by Chretien as a remedy for the treatment of pulmonary tuberculosis, scrofulosis and amenorrhœa. Later being forgotten, it recently has been proposed as a therapeutic resource in phthisis. The dose is from four to sixteen milligrammes several times a day. The tricyanide of gold comes in the form of large, colorless crystals, which are soluble in water and alcohol. It has also been prescribed recently as a remedy in a phthisis.

#### ELIXIR OF CASCARA SAGRADA.

Dr. Dujardin-Beaumetz (*Le Bulletin médical*, No. 10, p. 179, 1892) proposes the following formula for an elixir of cascara sagrada:

℞ Fl. ex. cascara sagrada,	aa gms. 90
Glycerine,	(fl. ℥ij).
Essence of orange.	gtts. vi.
Essence of cinnamon,	gtts. ij.
Alcohol,	gms. 200
(fl. ℥vijss).	
Simple syrup,	gms. 400
(fl. ℥xij).	
Water, ad.	1 quart.

A wineglassful after each meal. Useful in habitual constipation.

—[Pritchard.]

## Society Reports.

### ACADEMY OF MEDICINE.

#### OFFICIAL REPORT.

*Meeting of February 15, 1892.*

The President, GILES S. MITCHELL, M.D., in the Chair.

T. V. FITZPATRICK, M.D., Secretary.

DR. SETH EVANS read a paper on

*Operations for Empyema, with Report of a Case.*

C. B., aged thirty. First seen in September, 1890, at which time the following history was obtained:

In the winter of 1889-'90 he had a sharp attack of pleuro-pneumonia, dextra, from which recovery was slow. The pleuritic exudation, after continued poulticing of the chest, pointed, and was opened an inch above and slightly to the inner side of the right nipple. A free discharge of pus followed, and continued until pus began to be expectorated; then the opening in the chest wall closed.

In July and August the patient was still expectorating pus, and was at that time examined by a physician whose ability all must recognize, and no fluid could be detected (according to the patient's statement) in the chest cavity. A sojourn in Asheville, N. C., was advised. At this place Dr. Longstreet Taylor was consulted, and found the right half of the chest filled with pus. An operation was then performed, and sections of two ribs (seventh and eighth), in anterior axillary line, removed. A large quantity of pus evacuated. Pus was not examined for variety of pus-forming cocci, but was examined for tubercle bacilli, and these found wanting.

At the time of my first seeing the patient after his return from Asheville the following condition was found. Right side of chest somewhat flattened especially in its upper portion. Right shoulder lower than left. Pus discharging from the drainage-tube in considerable quantity. This pus was no foul. No fever. Appetite remarkably

good. General condition fair. Takes plenty of stimulants. Pus contained staphylococci. No tubercle bacilli could be found in either pus or the muco-purulent expectoration. Lung fully one and a half to two inches from the anterior chest wall.

From September, 1890, to February, 1891, the patient was kept on a tonic treatment: codliver-oil, whisky, malt-extract, iron, quinine, etc. Wound dressed once or twice a day, and cavity washed out with hydrogen peroxide, and that followed by weak solution of carbolic acid or iodine water, these washings being made under no pressure whatsoever, the water running out as fast as it went in.

In February, 1891, things seemed to come to a standstill. The diminution in the chest-cavity, which had necessitated using a shorter and shorter tube, had apparently stopped, while the discharge of pus was somewhat greater than before. A second operation (the first having been made by Dr. Taylor) was decided upon. In this operation, Dr. Freeman assisting me, an incision was made along the scar of the old incision from the fistula upwards, parallel to the anterior axillary fold. The cut ends of the two ribs already resected were easily to be seen, and as they had approached each other so as to be almost in contact, a further resection of the same ribs was thought necessary. The next two ribs (fifth and sixth), lying immediately above, were also resected for one and a half inches. Patient soon rallied from the operation, and did well, both locally and generally, until early in the summer of 1891, when there developed, below and to the inner side of the fistula, an abscess, which was opened. No dead bone could be felt. The abscess healed, but was soon followed by another in the immediate vicinity. At the same time there was exquisite tenderness and some painfulness of the nipples and the skin immediately around it.

In November, 1891, the patient was seen by Dr. Ransohoff. At this time the general health was beginning to again be bad. Locally, the lung was in close proximity to the chest-wall, the

greatest room being anteriorly. A third operation was decided upon, Dr. Ransohoff consenting to be present. An incision was made from the fistula inwards to the still-discharging openings which had been made into the abscesses. It was then found that the finger could be passed up under the skin towards the nipple; incision then prolonged inwards and curved upwards until it ended above and internal to the nipple. The flap of skin thus formed was turned upwards, and an opening discovered through the third intercostal space, corresponding to the scar of the spontaneous paracentesis. Pus passing through this opening had gravitated beneath the skin and appeared as the abscesses already mentioned. The exposed ribs, fifth and sixth, were taken out from the costal cartilages to their cut extremities. The fourth rib was removed from the costal cartilage to the anterior axillary line.

The costal pleura thus exposed was much thickened. It was entirely removed with the scissors. No hemorrhage occurred from the intercostals. Skin flap replaced and sutured. At present the patient is doing very well. Decrease in size of chest is quite noticeable. Pus continues to be discharged in a quantity which varies considerably. No sign of amyloid disease. Of the three operations the first two were of the Estländer, the last of the Schede type.

#### OPERATIONS.

In considering the operations for the relief of purulent pleurisy, let us for a moment remember that Nature herself, sometimes, performs the operation, as in the case reported, and that the removal of pus from the chest cavity, by incision, was practiced by Hippocrates. How little progress the operation had made, and the character of its results, may well be seen in the reply of Dupuytren, when he, dying of an empyema, was asked to submit to an operation: "I would prefer to die by the hand of God than by that of man."

That spontaneous perforation may, at times, be curative, is beyond a doubt,

but it is equally true that it is rarely so. This is because the opening is ordinarily unfavorably situated as to drainage, and because decomposition of the retained pus is liable to occur. Another reason is, that those purulent pleurisies, which tend to point, must be acute and actively infective in their nature. These are just the ones which do not heal the most kindly.

Pus in the pleural cavity, like pus elsewhere, is the product of cell metamorphosis under the influence of micro-organisms, or their chemical products. Now, as we all know, not one, but several varieties of germs, possess this pus-forming attribute; they may work isolated or combined.

It is not only very interesting, but also quite instructive, to consider empyema in the light of modern bacteriology. Here two questions would naturally suggest themselves: Which of the pus-formers most frequently cause purulent pleurisy? How, if at all, is the prognosis, and thus the treatment, affected by the bacteriological cause?

Let, then, all cases of primary empyema be divided into two general classes, viz:

A. Pure.

B. Mixed.

In the "pure" forms only one variety of micro-organism is found. In the mixed forms there are several varieties.

#### *Under A.—Pure Forms.*

(a) Suppuration due to the pneumococcus (Fränkel). The majority of the pleurisies which are called metapneumonic are due to this cause. It is probably the cause in 25 per cent. of all cases.

(b) Due to the streptococcus. This is quite a common cause. Empyemas following scarlatina and *la grippe* are most frequently due to this germ. Streptococci often find entrance *indirectly* into the pleura through the lymph vessels.

(c) Due to tubercle bacillus. Primarily serous becomes purulent. (It is very doubtful if the bacillus tuberculosis should be mentioned here; it is not a pus-former.)

#### *B.—Mixed Forms.*

(a) Those found after pneumonia. Here the streptococcus and pneumococcus are the most frequent combination.

(b) Typhoid fever. Bacillus of Eberth—the streptococcus.

(c) In consumption (advanced). Streptococci, or staphylococci, and tubercle bacillus.

(d) Gangrenous empyema. In gangrene of the pleural surface of the lung are found the germs of decomposition and pus-formers.

#### TREATMENT.

Here, as elsewhere, pus should be evacuated. This is made the *rule*, even though it be well known that more than one case has proven the possibility of a cure by resorption. These, however, are cases of metapneumonic and limited effusions, yet the expectant plan of treatment holds out so little chance that it should not be adopted.

On the same plan is the method of Baelz, which seeks to favor absorption by the removal of a portion of the pus by aspiration, and then injecting an antiseptic fluid (Van Zwieten: zinc chloride, iodine, etc.) in quantity equal to that of the pus removed, thus diluting the pus. The results of this method are poor.

*Thoracentesis*, i. e., evacuation of pus by means of a trocar, with or without aspiration.

This method does, undoubtedly, and not so very infrequently, lead to a cure, rapid or final. But in looking over the cases cured by this method, two things become apparent: (1) They are mostly in children; (2) they are all but invariably those empyemas due to the pneumococci. As a matter of fact, the pneumococcus is, in children, the cause of at least half the empyemas.

Thus, simple thoracentesis could be recommended in cases of empyema due to the pneumococcus both in adults and children, especially the latter.

If the cause of the suppuration be the *streptococcus*, simple evacuation of the pus is not to be recommended, as it leads to bad results. Here it is much

better to make the old operation of pleurotomy.

But this operation has a very decided surgical aspect, hence the frequent efforts to find, as a substitute, something of a less repugnant outward appearance, for instance, the introduction through trocars of drainage-tubes, at one or at several places. The siphon of Potain, etc., are all objectionable, for they do not completely drain the cavity. Lavage is difficult, and putrefaction a frequent complication. However, Bülan has recently proposed a method which met with much favorable comment at the last Vienna Medical Congress. It consists, essentially, in the introduction, through a large-sized trocar into the pleural space, of a rubber tube, the lower end of which is submerged in a basin, placed on the floor, of bichloride solution. Bülan holds that the negative pressure of the pleural space is maintained and the lung prevented from retracting. No air is admitted during the operation.

It would seem to be a good plan of operating in these cases of infection due to the pneumococcus which resist one or two aspirations, and also in those cases, happily quite rare, where there is a double empyema.

Nevertheless, pleurotomy remains the operation for the great majority of cases, and even in those cases which could probably be treated by simple aspiration, pleurotomy offers even a better chance of a definite and speedy cure. The opening is best made in the sixth and seventh intercostal space, in the axillary line. The one precaution necessary to take is to hug the upper border of the lower rib in making the incision through the pleura, and then allow the pus to escape slowly; then use the drainage-tube and dressing.

The majority of cases are cured after this operation; most of them in from three weeks to two or three months.

Not infrequently the simple operation of pleurotomy must be associated with a resection of one or more ribs.

Resection of the rib is frequently performed in those cases where an early and speedy cure is to be expected, as it insures good drainage.

In other cases, where there has already been some contraction of the thorax, it is the best means of obtaining room enough for the opening through which the tube is to pass.

In still other cases, the removal of parts of one or more ribs is done, with, not alone the intention of facilitating the escape of the pus, but further to aid in the collapsing of the thorax.

#### TREATMENT OF INVETERATE EMPYEMA.

In a certain number of cases a fistula persists. The cavity between the lung and thorax wall is, after many months, of considerable size. What cases tend to become inveterate? Beyond a doubt those which, beginning as a serous pleurisy, gradually become purulent. Cases where the tubercle bacillus plays an important rôle, also cases which have been neglected. How are such cases to be treated?

It is well known that a cure may be expected only where two layers, visceral and parietal, of the pleura, coming in contact, unite with each other, and thus obliterate the cavity. In these cases the visceral pleura has become so enormously thickened that the lung can not expand; hence the ribs, diaphragm, etc., must go to meet the lung.

So, virtually, the question of treatment resolves itself into how best to facilitate the approximation of the ribs to the lung.

To this end we have to-day two operations, similar in character, yet sufficiently different to merit separation.

*Estlander's Operation.* — Consists essentially in the sub-periosteal resection of several ribs, the shape of the entire field being triangular, the apex upwards, base downwards. The site of the operation is usually in the axillary region, and the resections made, not from one but from two or three skin incisions. The incisions being over, and parallel to the intercostal spaces, from each the two adjacent ribs are resected, and then the incisions closed—that is, all except the lower one, which is used for drainage. Again, the pleura is perforated so that the wound in it lies on the same level as the wound in the

skin. A rapid diminution in size of the affected half of the thorax usually results.

*Schede's operation* has for its principle the removal of a segment of the chest wall, and is performed as follows: The skin incision, either U or H-shaped, enables one to reflect the soft parts covering the ribs in the form of a flap. Large sections of the exposed ribs are then removed subperiostially, the pleural sac opened, and pus allowed to escape; then the costal pleura, often much thickened, excised with the scissors over the entire area corresponding to the resections. The skin flap is replaced and secured by sutures leaving drainage.

Inveterate empyemas are rarely cured by one operation, whether it be of the Estländer or Schede type.

Fever, tuberculosis, and amyloid degeneration are not, according to Schede, contra-indications to the operations.

All operations should be done under the strictest aseptic and antiseptic precautions.

#### CONCLUSIONS.

The *operation of tapping*—thoracentesis—may be tried in empyemas due to the pneumococcus—metapneumonic.

The *operation of siphon drainage*—Bülan's operation—may be tried in the same class of cases, and also in bilateral empyemas, whether due to the pneumococcus or not.

*Permanent drainage*, with or without the resection of one or two ribs, is the *operation* which gives the best results in the largest number of cases of empyema, especially those forms due to infection with the pus-forming microbes proper.

The *operations of Estländer and Schede* are to be recommended in the inveterate empyemas, due generally to a mixed infection—tubercle bacilli and streptococcus.

A bacteriological examination of the pus, removed at the time when the diagnosis of empyema is made, may aid us very considerably in making a prognosis and deciding upon the operation, and its extent, if not its character.

#### DISCUSSION.

DR. JOS. RANSOHOFF:

That empyema is not a very simple disease, the very exhaustive description of the essayist has shown us. The most important cases of empyema are those resulting from tuberculosis. Many cases of empyema are supposed to be pneumonia for the first few days, and not until sufficient time has passed to eliminate pneumonia is pleurisy suspected. The sooner these cases are operated on the better are the results. I have operated upon twenty to twenty-five cases, and always make it a rule to perform the operation, if possible, in the course of fourteen days. I remember one case, where it was thought the patient was suffering with pneumonia, but later it developed to be an empyema of prolonged standing. I detected pus with the aspirator needle, and subsequently opened the chest and established free drainage. In reference to draining through bichloride solutions, I wish to say that I do not consider it as harmless as described. It has occurred that the aspirator was reversed and the bichloride solution was thrown into the pus cavity. In one case, which I recall, there followed its use a most severe cathartic action, showing mercurial intoxication. What in my opinion prevents recovery in most of these cases of prolonged standing is the fact that the lung becomes bound down so firmly that the chest wall is unable to come in close contact with the bound down lung. The essayist mentions something about the danger of wounding the diaphragm. I do not see how this is ever possible, unless the diaphragm is adherent to the chest wall. The temperature in empyema often reaches the height of 103°-4° F., but subsides within a few hours after the operation. I was simply astonished at some of the results I saw in Schede's Hospital while on the other side. The patients with clothing on seemed symmetrical enough, the clavicle and scapula were there, but when stripped a whole side would be as if scooped out. These men were going about with one lung. So great a sacrifice of tissue was not made at one

operation, only so much being removed as the patient could stand, and when there was a recurrence the same operation was again performed until the patient recovered, notwithstanding that a whole side was removed.

DR. MERRILL B. RICKETTS:

My experience with empyema has not been a very great one. I recall one case of a mulatto, twenty-one years of age, in whom I removed quite a portion of the left side of the chest. The case progressed favorably for a few days, when a rapid decline was noticed, and patient succumbed to the disease on the sixth day after the operation. In another case, of a man twenty-four years of age, the result was unsatisfactory, for the reason that the patient would not allow operative interference. In one or two other cases operated upon the success was very limited, probably because they were not the most favorable cases to interfere with.

#### TREATMENT OF PITYRIASIS VERSICOLOR.

Dr. Besnier (*Le Bulletin médical*, No. 9, 1892) divides the indications into prescribing a remedy which will cause desquamation, and, later, allaying the cutaneous irritation.

1. Rub with a hot solution of black soap.

2. Then apply the following salve:

R Precipitated sulphur,	gms. 10
(3ijss).	
Vaseline, . . . . .	gms. 90
(3iij).	

#### DEODORIZERS OF IODOFORM.

The ethereal oil of coriander is recommended (*Deutsche med. Wochenschrift*, No. 7, 1892) as a deodorizant of iodoform. Two to fifteen drops are sufficient. (The translator has found the oil of peppermint to be a good coverer of the malodorousness of the drug. Cumarine, the active principle of the Tonka bean, has also been mentioned. Combined with creolin, the odorlessness is said to be disguised. Ground coffee mixed with the powder will cover the odor to a great extent, if one desires to use it as a powder.)

## THE CINCINNATI MEDICAL SOCIETY.

### OFFICIAL REPORT.

*Meeting of March 1, 1892.*

The President, F. W. LANGDON, M.D.,  
in the Chair.

L. S. COLTER, M.D., Secretary.

DR. J. W. MURPHY exhibited a

*Specimen of an Unusually Large Post-Nasal Polypus, with Report of Case.*

I wish to present to the Society this specimen of an unusually large post-nasal polypus, which I removed this morning. The specimen is two and a half inches long, three and a half inches in circumference, and weighs seven drachms.

Maggie W—, aged eighteen years, German, well developed, gives the following history: Last August, her family physician, while examining her tongue, told her that she had a "boil" in the back of her throat, and after treating it for several days to "bring it to a head," opened it, when a quantity of thick yellowish fluid escaped. Two or three days later a lot more fluid came away and the tumor seemingly disappeared. In the following November she noticed that the tumor was growing again, and it was then about the size of a bean, projecting below the soft palate. Its growth seemed quite slow, up till about three weeks ago, when it commenced to grow very rapidly, soon filling the whole pharyngeal space and very much interfering with deglutition and respiration. For over two weeks she has been able to swallow nothing but liquids, and has been compelled to sleep at nights either propped up in bed or sitting in a big chair. I was called to see the case last night on account of the dyspnoea present.

An examination revealed this mass, bulging the soft palate forward, extending below the base of the tongue, and completely filling the whole pharyngeal space. When lifted up and drawn forward with a pair of forceps it could almost be grasped by the incisor teeth.

After applying a 5 per cent. solution of cocaine, I was able to pass my index finger up behind the soft palate, and found the tumor was pedunculated and attached to the outer posterior wall of the left nostril.

This morning, assisted by Dr. Joseph V. Ricketts, after applying a 10 per cent. solution of cocaine, a Bosworth steel wire snare was slipped over the tumor, through the mouth, and the wire pushed up by the finger as close to its attachment as possible. Gradual compression was made for about ten minutes, when the tumor came away, followed by little or no hemorrhage.

A rhinoscopic examination made this evening showed the tumor to spring from the mucous membrane covering the posterior portion of the left middle turbinate bone.

#### DISCUSSION.

DR. J. A. THOMPSON:

Tumors of this size and appearance will bear watching. Mucous polypi are rarely of that size. It may probably be a sarcoma.

DR. C. R. HOLMES:

A few years ago, at the Miami clinic, I removed a tumor about the size of this one presented by Dr. Murphy, from an old soldier. I made a microscopical examination of it, and it proved to be a polypus.

DR. J. V. RICKETTS:

I saw this case with Dr. Murphy this morning. It reminds me of a case which I reported about a year ago. I never before saw one as large as this one. The blood supply was not very free, and it only required a few minutes to cut it loose.

DR. RUFUS B. HALL reported

#### *Two Cases of Pyosalpinx, with Exhibition of Specimens.*

The first case that of Mrs. K—, age twenty-three, married six years, and has one child about five years old. About three years ago she had the first attack of pelvic inflammation, since which time she has had a painful point in the left ovarian region. She has had four attacks of abdominal inflammation in the past three years, confining her to

bed from two to three weeks, the last commencing some weeks before the operation was made and did not subside as the other attacks had done, but on the contrary, after six weeks grew rapidly worse, and on that account I was asked to see her with her physician, Dr. Rover of this city.

An examination revealed a well-defined mass to the left of the uterus as large as an orange, and the uterus fixed by adhesions and inflammatory exudate. The patient was growing worse under the best possible medical treatment.

An operation was advised which was made at my private hospital Jan. 24, and the specimens here presented removed. You will observe that the larger mass can hardly be recognized as an ovary and tube so completely are they matted together by the inflammatory process, and destroyed by pus.

The left side is not so badly diseased, yet it is also covered by shred of false membrane illustrating the adhesions. The distal end of each tube is occluded. The patient recovered.

The second case that of Mrs. S—, age, twenty-six, married eight years, mother of three children. Has had some pelvic difficulty since the birth of her last child two years ago. In June, 1891, she had the first attack of abdominal inflammation and has been confined to her bed almost constantly since that time. The uterus was fixed and a well defined mass could be felt at either side of it. Her sufferings were so severe that I advised an immediate operation which was made at the Cincinnati Free Surgical Hospital for Women, Feb. 16, in the presence of her family physician, Dr. Rover, and the members of the Hospital staff. Both tubes were occluded and both contained pus. The patient is past danger and will make a rapid and easy recovery.

I show these specimens because they are typical ones of pus tubes and to emphasize a statement made by me recently, that all pus tubes that I have yet seen in my own work have occluded ends. I report the cases to draw attention to the fact that notwithstanding the statement made a few years ago that all the women thus diseased must



live in Birmingham or go there for the operation, not a few live in Cincinnati, and the best thing of all is that the men who are engaged in a busy family practice are capable of making a correct diagnosis of the case and then advise the patient to submit to the proper treatment for such a disease, that is, the removal of the offending pus-sac. Dr. Rover made the correct diagnosis in both cases and had prepared the way for the operation in each case before I saw them. When the general practitioners thoroughly appreciate the benefit to be derived from the operation in these cases they will not hesitate so long as some of them now do before they decide to recommend an operation. An operation made early before the patient's strength has failed is not such a dangerous operation as is generally believed.

#### TREATMENT OF LUPUS ERYTHEMATOSUS OF THE FACE AND EYELIDS.

Dr. Brocq (*Le Bulletin médical*, No. 17, 1892) advises the application of the following salve:

Salicylic acid,	dgms. 5	(grs. viij).
Lactic acid, .	dgms. 5	(℥. viij).
Resorcin, .	dgms. 7.5	(grs. xij).
Oxide of zinc,	gms. 2	(grs. xxx).
Pure vaseline,	gms. 17	(3iv).

Pyrogallic acid is a topical application of great service in the treatment of lupus erythematosus. It has been employed in the most different manners. He uses the following:

Salicylic acid,	gm. 1	(grs. xv).
Pyrogallic acid,	gms. 2	(grs. xxx).
Pure vaseline,	gms. 20	(3v).

This salve is applied at night, and is well tolerated; during the day one may use the resorcin salve.

#### MORPHINE IN URÆMIA.

Dr. Washburn (*Bulletin générale de Thérapeutique*, No. 1, 1892) advises the use of morphine in the treatment of certain symptoms of uræmia, as convulsions, renal asthma and the intense headache. It acts fully as well in acute as in chronic uræmia.—[Pritchard.

#### PHILADELPHIA COUNTY MEDICAL SOCIETY.

##### OFFICIAL REPORT.

*Meeting of March 9, 1892.*

The Vice-President, DEFOREST WIL-  
LARD, M.D., in the Chair.

DR. CHARLES P. NOBLE reported  
*A Year's Work in Minor Surgical  
Gynecology at the Kensington Hos-  
pital for Women.*

Minor surgical gynecology, embracing the surgery of the pelvic floor, vagina, bladder, and uterus—excluding hysterectomy—has not received much attention at the hands of recent writers. This is partly because the attention of gynecologists has been devoted to the marvellous strides which have been made in abdominal surgery, and partly because this field of work is not so brilliant as that of abdominal surgery. It is true that minor gynecological surgery is not brilliant, but it is very important, and it seems to me that it is in some danger of being neglected by the surgeons of to-day. This fact has led me to report my last year's work in minor surgical gynecology at the Kensington Hospital for Women, and to make certain observations on the various operations named. The following operations have been done:

Removal of vaginal cyst (post-cervical)	1
Clitoridectomy (nymphomania).....	1
Excision of carcinomatous nodules sec- ondary after removal of breast....	3
Uterine polyps (removed).....	2
Lipoma (removed).....	1
True pelvic abscess (drained after ex- ploratory section had excluded dis- ease of appendages).....	1
Atresia of vagina (divided).....	1
" " vulva ".....	1
Cancer of cervix—curretting (death from uræmia).....	1
Amputation of cervix—cancer, 1; pro- cidentia, 2.....	3
Anterior colporrhaphy (oval).....	1
" " (Stoltz).....	2
Perineorrhaphy (Hegar's).....	1
" " (Emmet's).....	17
Trachelorrhaphy.....	6
Dilatation and curretting.....	18
	<hr/> 60

One death occurred in a case of advanced carcinoma of the cervix,

which was thoroughly curetted by Dr. Kelly. Death followed on the eighth day from "cancerous uræmia." This poor woman had been insane for some weeks—the insanity being due supposedly to absorption of septic matter from the decomposing cancer. The operation was done with the hope of relieving this, and also to get rid of the necrotic mass. The other operations in the report were done by myself. The technique employed was quite similar for all cases. The patient's bowels were well cleared out the day before the operation, and moved by enema the morning of the operation. In addition, the patient had a full bath and a sublimate vaginal douche. Operations were done under ether-anæsthesia in the dorsal position, with the Robb leg-holder and Kelly perineal pad in use. The vulvar region and vagina were well scrubbed with soap and water, the vulvar hair was shaved, and the parts were well douched with sublimate solution. In this way an aseptic field was secured; all operations were done under irrigation with boiled water, sponges not being used. The technique is a little troublesome, but the results secured amply compensate for the outlay of time.

I have made it an invariable rule to re-examine all patients before beginning the operation. This can be done most thoroughly when the patient is anæsthetized. If the uterine appendages are found inflamed and adherent, any proposed operation upon the uterus is abandoned. I believe this to be the only safe rule of practice.

For sutures, silk, catgut, and silk-worm-gut have been used. For general purposes I like silk; but it should not be used where the sutures cannot be removed in one or two weeks. Catgut I have found very useful for sutures having but little strain to bear, as, for instance, the upper sutures in perineal operations. Silkworm-gut has the advantage that is non-absorbent; hence it is to be preferred where sutures must be left in a long time, as, for instance, in the cervix, when the cervix and perineum are repaired at the same sitting. It has the disadvantage of being stiff, which property makes it somewhat hard

to remove, and gives the patient some pain. After operations the vagina is carefully dried, a pencil of iodoform (twenty-five grains), together with a strip of iodoform gauze, is introduced, the vulva is sprinkled with a powder of iodoform (1 part) and boric acid (7 parts), and then a cotton pad is placed over the vulva—held in place by a T-bandage. For perineal operations the urine is drawn for two days; after which the patient is allowed to urinate. The gauze is removed after forty-eight hours; after which a sublimate douche (1:2000) is given once daily. The bowels are moved on the second day and regularly thereafter. An abundant soft diet is permitted. The external sutures in perineal operations are removed about the eighth day; the internal sutures at the end of the second week. When the cervix has been repaired at the same time, the cervical sutures are removed at the end of the third week or even later. One should err on the side of leaving the sutures in long rather than that of removing them early.

Patients having perineal operations are permitted to sit up in two weeks; those having a curetting, in three or four days; those having a trachelorraphy, in a week, etc.

The secret of success in plastic surgery is good asepsis, and careful, painstaking, and accurate denudation and suturing. I have never failed to secure good union, which has always been primary throughout, with two exceptions—one stitch-hole abscess and one small hemorrhage (hæmatoma).

*Dilatation and Curetting.*—Within the past ten years professional opinion concerning these operations has fluctuated widely. Before the antiseptic era curetting was considered a dangerous operation. Its danger at that time I feel satisfied was due partly to lack of antiseptic measures, and partly to bad diagnoses. At that time our knowledge of the diagnosis of chronic salpingitis was very imperfect, and many accidents (peritonitis) resulted from operating on the uterus when the tubes contained pus or other septic fluid. Since the antiseptic era in the hands of men capable of making a diagnosis of uncom-

plicated disease of the uterus, and of excluding chronic pelvic inflammation, these operations have been done with impunity. Of late, the legitimacy of the operation has been questioned by Dr. Joseph Price, on the ground that many cases of salpingitis and pus tubes have come under his care in which dilatation or curetting has been done. This fact is no argument against the legitimacy of the operations, nor against the fact that, when properly done in uncomplicated cases, the operations are perfectly safe and free from danger.

Did the women seen by Dr. Price (and by others, including myself) have the tubal disease before the uterus was dilated or curetted? Were the operations done under rigid asepsis? I believe that blunders in diagnosis and blunders in asepsis should bear the blame in these most unfortunate cases, and not legitimate surgery. In my own hands no such untoward results have occurred. On the contrary, under the strict limitations laid down, my confidence in the value and safety of the operations increases as my experience grows.

*Dysmenorrhœa.*—Three cases of dysmenorrhœa, due to partial development of the cervix, with ante flexion, and characterized by "cramps" during the flow, was treated by dilatation. Dilatation in this class of cases has always given good results. The cause of the "cramps" is a poorly developed cervix with a narrow canal, whose caliber is further lessened by the ante flexion.

A broader experience has induced me to use the dilator for dysmenorrhœa much less frequently than formerly. I consider it absolutely contra-indicated if there is tubal inflammation, and believe that it is of little use in relieving pain, unless the latter is distinctly intermittent and cramp-like in character.

The pains accompanying menstruation due to inflammation of the uterine appendage, or of the uterus, or due to a depressed state of the blood, with pelvic neuralgias, are not benefited by dilatation, and in such cases it should not be done.

*Endometritis.*—Fifteen cases of uncomplicated endometritis have been

trated by dilatation and curetting. Nine of these were cases of fungoid endometritis with resulting uterine hemorrhages. I believe that this procedure best meets the indications in all cases of uncomplicated *chronic* endometritis. By removing the thickened portion of the diseased endometrium and providing a freer vent for the uterine secretions, most cases of endometritis can be cured promptly, and the remainder are much improved. The number of cases in which it is necessary to make intra-uterine applications is thus much reduced, and these women are saved the necessity of undergoing a prolonged course of painful intra-uterine treatment. By promptly curing women with chronic endometritis another important point is gained—the disease is cured before it spreads to the tubes.

The results in my hands have been most satisfactory in cases of fungoid endometritis, especially those of short duration, resulting from abortions. Cases of chronic endometritis with purulent leucorrhœa have been most intractable, and in these cases it has been necessary to make weekly applications to the endometrium (by means of the applicator) of pure carbolic acid, Churchill's tincture of iodine, or a saturated solution of chloride of zinc for some week *after* the curetting. I wish to call attention to the small number of cases of uncomplicated endometritis in this series. Omitting the fungoid cases, there were six out of 128 women admitted to the hospital. This is about the average in my practice.

In fungoid endometritis I have found the curette so valuable, and other methods of treatment (in marked cases) so futile, that I am unable to understand how those gentlemen who oppose the use of the curette treat these cases. The only other resort is electricity; but the curette will accomplish in a few minutes what it requires weeks or even months to accomplish by electricity.

The results obtained by the curette in uncomplicated endometritis are so good that of late, forgetting the teachings of past experience, certain operators have proposed to treat cases of endometritis complicated by chronic

tubo-ovarian inflammation in the same way. It seems to me that careful men cannot protest too strongly against such treatment. In the first place, the danger of setting up fresh salpingitis and peritonitis is acknowledged (except by the few) to be great; and in the second place, should the endometritis be cured (which is doubtful because of pelvic congestion kept up by the tubo-ovarian inflammation), the graver disease of the appendages remains. The wiser plan, if the appendages are diseased, is first to remove them, and then actively treat the endometritis; or if the appendages are but slightly diseased and do not require ablation, to treat the patient by applications of iodine to the vaginal vault, and the use of glycerin tampons, at the same time using every measure to improve the local conditions by general medication.

It happens not infrequently that when the inflamed uterine appendages are removed, an endometritis is left which causes the patient some annoyance. These cases are often reported by those hostile to modern surgery as showing that the abdominal section has failed to cure the patient. These gentlemen have a mental strabismus, and do not see that the section has accomplished the end aimed at, the ablation of the diseased uterine appendages. Whether this alone will cure the patient depends upon whether the particular patient has any other disease. If she has an endometritis, this must be cured; if anæmia, or indigestion, or malnutrition, these must be treated.

I wish to protest against the view that endometritis as a rule causes much distress, except the annoyance of leucorrhœa, unless it induces hemorrhage. Where women having endometritis suffer much pelvic pain, and are semi-invalids, the cause of the pain or invalidism is to be sought elsewhere—in the uterine appendages, or in the vital organs, or blood state. It is a narrow-minded man who attributes all the symptoms complained of by women to disease of the pelvic organs, and who forgets that women have an unstable nervous system, easily influenced by morbid conditions of the general economy.

In discussing endometritis it should not be forgotten that other conditions besides endometritis can cause a discharge from the uterus. Whatever will cause congestion of the uterus will cause uterine discharge. For example, subinvolution, constipation, feeble heart, lazy habits, malnutrition as from phthisis, erotism, etc. Treatment addressed to the causative disorder will stop such uterine discharge. This class of cases calls for no treatment of the endometrium.

*Stoltz's Anterior Colporrhaphy.*—

This operation has been done twice during the time covered by this report. It is especially adapted for cases of procidentia in which cystocele is a marked feature. The cases have been treated with most gratifying success by amputating the cervix above the vaginal junction, doing Stoltz's operation on the anterior vaginal wall and Emmet's operation on the perineum, the combination of operations being done at one sitting. I have had but one failure in my experience. This was in the person of a woman having complete procidentia, whose tissues had undergone marked fatty degeneration.

*Perineorrhaphy.*—One Hegar's operation was done on a woman having a patulous introitus. Seventeen operations were done after the manner of Emmet for injuries to the pelvic floor, involving laceration of the levator ani muscle and loss of pelvic support.

It seems strange to me that men who are familiar with the anatomy of the pelvic floor, and with the nature of the injuries it sustains during labor, can differ so widely concerning the nature of the operation required to repair the injuries sustained. Not to consider the lacerations extending into the bowel, there are two general classes of lacerations of the pelvic floor:

1. Lacerations involving the vulvar commissure, and extending scarcely to the vagina, scarcely beyond the plane of the hymen. These are the insignificant lacerations, which at most give rise to a gaping *introitus vaginae*, but which involve no appreciable loss of pelvic support. Such lacerations are median, and involve no very important muscular

structures. The bulbo-cavernosus and the transversus perinei muscles may be divided, but the laceration does not extend far enough up the vagina to reach the levator ani. Usually it is indifferent whether such lacerations are closed or not. The results to be gained is scarcely sufficient to compensate a woman for submitting to a secondary operation. In my opinion, however, even such lacerations should have a primary perineorrhaphy. If a secondary operation is done, the Hegar operation best meets the indications. The flap-splitting method will answer, but it leaves an ugly fold of tissue at the orifice of the vagina.

2. Lacerations extending along the vagina, and involving more or less of the levator ani muscle or muscles and the deep fascia, according to the extent and depth of the lesion. Such tears, as a rule, not only involve the commissure of the vulva, as in class 1, but also extend up the vagina, and without exception extend up one or both sulci. They are never median. The tough pelvic fascia seems to deflect the laceration to one or other side. But whatever the explanation, it is a fact that deep, extensive lacerations do not extend up the middle line of the vagina, but up one or both sulci. Sometimes the injury is wholly in the vagina, and the commissure of the vulva remains intact. Hence these tears are Y-shaped when the commissure of the vulva is involved and the tear extends up both sulci. They are Y-shaped when the commissure is involved and the tear extends up one sulcus (one arm of the Y is not represented). And they are V-shaped when both sulci are involved and the commissure escapes (the leg of the Y is not represented). The principal tissues involved in the injury are the levator ani muscle or muscles and the deep fascia. The injury extends two or three inches from the plane of the skin perineum. As is well known, pelvic support depends upon the integrity of the levator ani muscles and the pelvic fasciæ; hence the loss of support resulting from the injury is in direct ratio to its extent. When the lesion is extensive, the bladder, bowel, and uterus prolapse.

A very careful and somewhat extensive study of this subject, from the clinical side has convinced me that the foregoing propositions represent the facts in the case, and are not theoretical. I believe that the reason certain gynecologists of prominence do not accept this pathology is because they do not see much of obstetrics, and they have not studied the nature of lacerations immediately after labor. Anyone can convince himself of the truth of the foregoing statements by studying recent lacerations.

(For the sake of completeness, submucous laceration or over-stretching of the levator ani muscle may be called class 3.)

For the cases embraced under class 2, no operation will yield such results as the Emmet operation. The important lesions are in the sulci of the vagina, and can only be reached by denuding and suturing the sundered tissues in the sulci. As a means of narrowing the vagina it has the further advantage of making use of the natural fold of that canal. The walls of the vagina fold upon themselves in such a way that the lines of contact in transverse sections make the letter H. The sulci of the posterior wall represent the lower half of the legs of the H. It will be noticed that the walls of the sulci lie naturally together, so that, if they are denuded and sutured, the parts come together surface to surface. This is a very positive advantage in securing strong union, in addition to the advantages of raising the posterior wall of the vagina against the anterior, and of making a new *mediate* attachment of the vagina to the levator ani muscles.

I need not dwell upon the advantages possessed by the operation in cases of well-marked rectocele, in which the sulci are very deep. In no other way can the rectocele be so well rolled into the vagina.

My experience with the operation embraces some fifty cases. The results have been uniformly good, with one exception—the case of procidentia already referred to.

The operations which are recommended for the cure of this class of lac-

erations are the median operation of Hegar (or some slight modification of it) and the flap-splitting operation of Tait.

Median operations are based upon the theory that the injury sustained is rupture of the perineal body, and that the operation is to restore this body. Time will not permit me to discuss this question *in extenso*. The nature of the injuries have already been considered, and they are lateral, not median. The old theory of the nature and function of the perineal body has been disproved by Emmet, whose views I accept; hence it appears to me that the indifferent results secured by median operations is due to the fact that they are based on a false conception of the anatomy and of the injuries of the pelvic floor.

The advantages of the flap-splitting method are even less than those of the method of Hegar. In the rules laid down for performing the flap-splitting operation, we are told not to make the incisions deeper than a half-inch (from the surface of the skin perineum); that is to say, leisons situated further up the vagina than one-half an inch from the skin surface of the perineum are not affected by this operation. Inasmuch as the entire levator ani muscle lies above this plane, it is evident that the Tait operation is worthless in the class of lacerations under consideration. The Tait operation accomplishes just about what the old Baker Brown episiorrhaphy did—it narrows the orifice of the vulva.

What I have said about this operation is based upon the anatomical considerations involved and upon the results obtained by a prominent professor in this city. At least twelve patients who have been operated upon by him have been seen by me at the clinic for diseases of women at the Northern Dispensary. All had a narrow vulvar orifice, and all had more or less rectocele, with deficient pelvic support, and the symptoms complained of before operation. My personal experience embraces one case, which was sufficient to demonstrate to me the lack of anatomical basis in this operation.

*Trachelorrhaphy*.—Trachelorrhaphy was done six times. Experience adds

to my appreciation of the value of this operation in appropriate cases. I am satisfied that the dangers and failures to achieve good attributed to it by some operators depend upon poor judgment in the selection of cases.

Either insignificant lacerations are repaired, or lacerations complicated by inflammation of the uterine appendages are operated upon. In the first case the laceration caused no symptoms, and its repair relieved none; in the second case, if the patient escaped a peritonitis as the direct result of the operation, she continued to suffer from the morbid condition of the appendages.

#### BLISTERING THE DORSAL VERTEBRÆ IN THE TREATMENT OF VARIOUS NEUROSES.

Dr. Harkin (*Wiener med. Presse*, No. 6, 1892) has found repeatedly, in men as well as women, that in various neuroses there was a distinct sensitiveness of the spine to pressure in the region of the fourth and fifth dorsal vertebræ. Using this as an indication, he has employed a treatment which has given good results in several neuroses. In several cases of hysteria, facial neuralgia, chorea, facial paralysis, reflex vomiting, torticollis, dental neuralgia, occipital neuralgia, and pruritus pudendi during pregnancy, this method has yielded excellent results. It consists in the application of blister consisting of cantharis powder and ether in the region of the fourth and fifth vertebræ. The writer does not attempt to explain its mode of action.

#### ATROPINE IN MUSHROOM POISONING.

Dr. Richardière (*Le Bulletin médical*, p. 179, 1892) recommends the subcutaneous injection of atropine in mushroom poisoning. Inject one-half a milligramme ( $\frac{1}{128}$  of a grain), and then up to three fourths of a milligramme if the first does not act. Atropine antagonizes the enfeebling action of muscarine, the alkaloid of mushrooms, upon the heart muscles, and causes the heart to resume its normal beat.—[Pritchard.

## Translations.

### MOLIERE AND GUI PATIN:

A MEDICO-LITERARY STUDY BY  
DR. NIVELET.

TRANSLATED FROM THE FRENCH BY  
THOMAS C. MINOR, M.D.

#### CHAPTER V.

The satires of Moliere against medicine and physicians have been especially judged by persons ignorant of medical art. In modern times most capable writers have issued criticisms; such distinguished men as Bazin, Auger and Moland, for instance. It may be daring, doubtless, to suppose that these eminent individuals were posted in the criticisms against medicine at all periods of time. Admirer of Moliere as much as I can be, I have often asked myself if his attacks against the profession, repeated in four different comedies, were not the fruit of certain excitations. I know too little of the theatre, in general, to dare affirm that any other author might dare to reach an objective point *four times*. Besides, the fecundity of Moliere will not permit one to suppose that other subjects for satire were lacking. I ask if in "Don Juan" the malicious little arrows, passing shots against medicine, were seriously intended? This point once established, I come to conjectures. One notorious historical fact in connection with the life of Moliere is the social and friendly relations that he always sustained with *his physician*, Mauvillain. It is also a well-known fact that Moliere evidenced much interest in the *Orvietan*. Now, the *Orvietan*, by which it was proved that Mauvillain was guilty of corruption, remained a long time on the Index of the Faculty. Mauvillain was still charged with violence that he committed against the Dean of the Faculty, Blondel. If Moliere conceived a first dislike against the Faculty, Mauvillain might easily inspire him with others.

On the other hand, in seeking for motives which might have excited Moliere against medicine and doctors, it is claimed his dislike was caused by a

quarrel that Madam Moliere had with a physician's wife. "No one," says Moland, "attaches the least importance to this supposition." Yet, if, as this author relates, the wife of Moliere had a physician's wife ejected from the door at one of her husband's comedies, if this injured physician wished to make the playwright apologize, if Madam Moliere was enraged, etc., what might have been the effect on a husband so devoted and infatuated as Moliere?

It is in the play "L'Amour Médecin," in 1665, that the comedy writer commenced his war against the doctors. "It appears certain," remarks Moland, "that in this comedy Moliere not only attacked physicians in general, but certain physicians in particular, the latter being well marked by the imitation of their gestures, language and habits."

This was where Moliere committed his greatest wrong; he might have inveighed as bitterly as he pleased against medicine and physicians, without descending to personalities. Thus he brought down on himself the most passionate hatred, which explains, if it does not justify, the odious aggressions of "Elomire hypocondre."

Moliere, in "M. De Porceaugnac," returns to his charges against doctors. "But," says Auger, "he changed his plan of attack; he no longer sought to point out the absurdities in their doctrines, nor the ridiculous language used by them, in order to make such things even more laughable. Here is the faithful representation, not exaggerated, of a consultation in the seventeenth century, the two physicians saying what they might have said on a similar occasion. Brayer, Valot, Esprit, Daquin, Desfourgerais, Guenaut, and Gui Patin himself, who mock each other. They do not quote from a burlesque Galen and Hippocrates; their theories are founded upon true phenomena; from these they draw very just conclusions as far as explanation of causes or the application of remedies is concerned; finally, except for a little nonsense and pedantry, a few chimerical opinions and some practical superstitions, all they say is fairly good, and the treatment they prescribe is not bad; all the

misfortune is that Pourceaugnac has not the disease of which they find all the symptoms. Their medical capacity and their doctrine only serve to give relief to their blunder."

We have quoted this tirade at length, in all its bearings, to arrive at the point where Auger triumphs. As for ourselves, what can we conclude? It is only, as we have before said, that the ideas and words have been abstracted from Riviere's works; the beautiful discourses are the work of Mauvillain, or some other doctor; it was only necessary to suggest things to Moliere—he finished the *mise en scene*, the salt of the thing.

Essentially there were two kindred souls working together in making these comical satires against medicine and doctors; one of them furnished the material, the other, the skilled playwright, arranged the idea with all his malicious talent. The collaboration is of the day, and the instigation goes with it; every-where this is seen; for, if we except "A Physician in Spite of Himself," we find the inspiration of Mauvillain, or some other physician; the same holds good in the more serious comedies of "L'Amour Médecin," in "Monsieur de Pourceaugnac," and also in the "Maladie Imaginaire." This last play is the one where the influence of collaboration is most evident, as is witnessed when we look into the grotesque situations which are its crown.

"The Faculty," says Moland, "is especially ridiculed in the most august of its ceremonies, in the solemn acts that consecrated medicine. Reynaud has called attention to the striking analogy, not to say perfect similarity, existing between the scholastic solemnities and the famous ceremony in the 'Maladie Imaginaire.' It is natural to suppose that the doctors on terms of personal intimacy with Moliere, *i.e.*, Lienard, Bernier and Mauvillain, taught the playwright how it was done. In fact, certain technical expressions, the exactitude of details, which prove an intimate knowledge of the customs of the Faculty, betray—there can be no doubt about this—the active collaboration of expert medical hands and pro-

fessional advice as to construction of plays."

To support these assertions, Maurice Reynaud gives some of the forms, showing Moliere's to be a parody on that of the Faculty:

#### OATH OF THE CANDIDATE.

##### MOLIERE.

Juras gardare statuta  
Set facultatim prescripta  
Cum sensu et jugeamento.  
De non jamais te servire  
De remediis aucunis  
Quam de ceux doctæ facultatis  
Maladus dut il crevare  
Et mori de suo malo.

##### THE FACULTY.

Quod observabis jura, statuta,  
Leges et laudabiles consuetudines  
Hujus ordinis  
Quot totis viribus contendes  
Adversus medicos, illicite practicanes  
Nulli parcendo, cujuscumque  
Ordinis aut conditionis fuerit.

Certainly the scene is humorous, and the pleasantry would be altogether in good taste without the charges that serve to complicate. If to Moliere alone belongs the honor of the humor, what retaliation would suffice to punish the three medical rascals who furnished the sarcasms against the Faculty, their *alma mater*?

But it was Mauvillain especially, that antagonistic spirit who carried his hatred to the extent of violence, who was the leading spirit in this mischievous conspiracy. Maurice Reynaud, in his learned study on "Physicians in the Time of Moliere," a brilliant work, full of the richness of erudition, elevation of view, clearness of appreciation and distinctness in style, gives the weight of his support to this view. The best known of these physicians, he who owes to his friendly relationship with Moliere a celebrity he would never have attained by himself, and to whom public opinion believes, even as our author, of having actively participated in the collaboration of the immortal playwright's medical pieces, is Doctor Mauvillain. We know that it was in favor of this physician's son that Moliere wrote the following, which is placed at the opening of "Tartuffe:"

"*Sire*: A very honest physician, whose patient I have the honor to be, has promised, even to make oath before a notary, to make me live thirty years



providing I could obtain the influence of your Majesty. I have told him regarding his promise, that I would not ask as much, and should be satisfied with him providing he did not kill me. The favor I ask, Sire, is a canonicat in the Royal chapel at Vincennes, made vacant by the death of," etc.

This canonicat was, in fact, obtained. Is it not singular that we possess only one letter in which he solicited any Royal favors, and that this favor was for a physician? The mischievous tone of this petition proves well enough that he had no desire to be reconciled to the medical Faculty, as it likewise evidences a close intimacy with Doctor Mauvillain. Can we learn much of this personage, to whom belongs, in part perhaps, a certain amount of credit in Moliere's medical comedies?

Maurice Raynaud gives the details of the scenes of violence in the medical Faculty between Blondel and this same Doctor Mauvillain. These scenes were renewed and prolonged up to the moment when the *antimonial sect* saw itself triumph completely by the election of Mauvillain to the Deanship. "Here is enough," says Maurice Raynaud, "to make us see that Mauvillain is not so much, in fact, an impartial man, above the passions and prejudices of his profession. He was, nevertheless, in a position to furnish Moliere the comic situations and technical details that his friend Moliere needed in his dramas. On one side there were old hatreds against a party lately powerful, who had on two occasions been excluded from the Faculty, and he had no scruples in giving to the enemy of physicians the usages, secrets and customs of the medical generation that preceded him, and whom he sought to supplant. On the other hand, he was Dean, and, notwithstanding his liaisons with Gue-naut and Desfourgerais, he harbored against them a little malice, mixed with jealousy, that all physicians outside of Court felt towards those more fortunate that held public positions. Joined to this, there was an intemperate tongue with a satirical spirit which was natural to the man—this will explain many things."

Yes, all was due to this. It is evident that the antipathy of Moliere to doctors was sustained and animated by contact with Mauvillain and his two accomplices.

[THE END.]

## THERAPEUTIC NOTES

FROM FRENCH, GERMAN AND NORWEGIAN JOURNALS.

TRANSLATED BY  
F. H. PRITCHARD, M.D.,  
NORWALK, O.

### PROCEDURE FOR THE EXTRACTION OF NECROTIC BONE.

Dr. Morris (*Wiener med. Presse*, No. 6, 1892) gives the following procedure for the extraction of necrotic bone: The soft parts are excised down to the bone, or the fistulæ are dilated. The opening is kept open and a 2 to 3 per cent. solution of hydrochloric acid is poured in; this does not attack the living bone, but rapidly decalcinates the necrotic osseous tissue. After a two-days' use of this the following mixture is injected:

℞ Hydrochloric acid, gttss. xvj.  
Pepsin, . . . gms. 2 (grs. xxx).  
Distilled water, gms. 120 (fl. ℥iv).

This digests within two hours the cheesy and fatty remains of the decalcinated bones, and exposes a new layer of bone, which in turn is treated with this solution and mixture. This is continued until the wound begins to close in, healing from the bottom, from which one may conclude that the living bone is exposed.

### TREATMENT OF ASCARIDES.

Dr. Demme (*Norsk Magazin for Lægevidenskaben*, No. 3, 1892), having seen several cases in which pernicious anæmia could only be traced to the presence of pin-worms, present in large numbers, comes to regard them as by no means of little importance. If they are suspected the writer then gives the child a teaspoonful of warm olive oil to which has been added a little sugar and twenty-five milligrammes (one-third of a grain) of santonine. If any worms

pass during the course of the day a similar dose is given in the afternoon; in case no worms are passed then the remedy will do no harm. It is much safer to give santonine in an oily solution than to administer the flowers of china or to employ the pulverized santonine. As santonine does not kill the worms, but only causes them to wander down into the lower portion of the bowel, it is necessary to give, simultaneously, a cathartic. Sometimes it is difficult to expel the parasites even with proper use of santonine. The writer has seen cases where this drug has been given for two to four days at a stretch, in doses of from five centigrammes to one decigramme per diem, without driving out a single worm, yet they were proven to be present. In such cases, where upon palpation of the abdomen an accumulation of fecal masses is felt, in one or both hypochondria, here santonine will do good service. He uses the following formula:

℞ Santonine, cgms. 1-2 (gr. 1-5th- $\frac{1}{3}$ ).  
Calomel, . . . dgms. 2 (grs. liij).  
Sugar, . . . dgms. 5 (grs. vij).

Sufficient for ten powders. Give three immediately following each other the next morning, at six, seven and eight o'clock.

#### ARISTOL IN THE TREATMENT OF CORNEAL ULCERS.

Drs. Vignes and Hegg (*Wiener med. Presse*, No. 12, 1892) have used aristol with success in the treatment of corneal ulcers. Traumatic ulcers heal with rapidity and leave but very small scars. The remedy seemed to have an especially advantageous action in the scrofulous phlyctenular keratitis of children. Soon after its use the reactive phenomena decrease in severity, in order, soon, entirely to disappear; at the same time the remedy has no irritative action. Its advantageous action can be seen if one dress one eye with aristol and the other with the classic application. The eczematous processes of the lids which accompany other methods are rare under this treatment. The drug is applied by means of a camel's-hair brush. At the same time a bit of the salve, of the size of a pea, consisting of aristol, vaseline and

a little atropine, is introduced under the lid. After a few days, when the dangers of iritis are by, the aristol salve without atropine may be used. An ordinary bandage of wadding is then placed over the eye. On the contrary, in deep, extensive and infectious ulcers, after corneal ulcers, iodoform and the galvano-cautery are to be preferred.

#### TONSILLITIS.

Dr. Eloy (*Medicinische Neuigkeiten*, No. 8, 1892) recommends the local application of salol in the treatment of tonsillitis, and as follows:

℞ Salol, . . . gms. 2 (grs. xxx).  
Alcohol, q. s., ad. sol.  
Glycerine, . . . gms. 40 (℥. 3jss).

For the painfulness in swallowing, gargle with:

℞ Cocaine hydrochlorate, mgm. 1  
(gr. 1-64th).  
Glycerine, . . . . . gms. 10  
(3ijss).

Or use Huchard's mixture:

℞ Bromide of potash, . . . gms. 5  
(3j $\frac{1}{4}$ ).  
Cocaine hydrochlorate, mgms. 5  
(gr.  $\frac{1}{8}$ ).  
Glycerine, } aa gms. 10  
Peppermint water, } (3ijss).

#### TINCTURE OF COLOMBO IN DIARRHŒA.

Dr. Hugo Schulz (*Therapeutische Monatshefte*, No. 2, 1892) prefers the tincture of colombo to the decoction which is ordinarily used. As is known, the decoction has been used for a long time with success in the treatment of intestinal catarrhs. Yet it easily ferments and thus becomes useless. Again, in spite of all corrigents, this preparation tastes very bitter. The writer has prepared a tincture from the finely powdered root, in the proportion of 1:10. In healthy adults, even when given in large doses, it causes no disturbance of health after continuous use. Experiments with the remedy in various kinds of diarrhœas have demonstrated that the tincture acts fully as well as the decoction. The tincture also has the advantage of being stable, less bitter, and at the same time being

cheaper. As to the dosage, the remedy may be given in doses of five grammes in a glass of water, to be taken during the course of the day. This may, however, be repeated three or four times a day. Patients who find the watery solution of a disagreeable taste may use the following:

℞ Tincture of colombo root,	gms. 5
(℥ss).	
Simple syrup, . . .	gms. 25
(℥vj).	
Distilled water, . . .	gms. 160
(℥v).	
Brandy, . . .	gms. 10
(℥ijss).	

To be taken during the course of the day.

#### ICHTHYOL IN SORE NIPPLES.

Dr. Oehren (*Therapeutische Monatshefte*, No. 2, 1892) recommends ichthyol in the treatment of sore nipples, and according to the following formula:

℞ Ichthyol, . . .	gms. 4 (℥j)
Lanoline, } aa . . .	gms. 5 (℥¼).
Glycerine, }	
Olive oil, . . .	gms. 10 (℥ijss).

The advantages of this salve are: One application causes the terrific pains to disappear, the fissures quickly heal, without it being necessary to wean the child or to use a protective cap. The consistence is such that it is easily washed off after being applied, and at the same time the salve contains nothing that will harm the child.

#### PROPHYLAXIS OF BRONCHO-PNEUMONIA AFTER TRACHEOTOMY.

Drs. Légroux and Loupault recommend the use of creasote, as a prophylactic, in the treatment of the broncho-pneumonia which sometimes follows tracheotomy, and in the following formula:

℞ Glycerine, . . .	gms. 500 (fl. ℥xvj).
Rum, . . .	gms. 100 (fl. ℥ij).
Pure creasote, gms. 10 (fl. ℥ijss).	

Two to four teaspoonfuls daily, according to the age of the child.

After tracheotomy one should wear a thin wad of cotton over the opening of the canula, which has been dipped into the following solution: Creasote

fifteen drops, alcohol 'two and a half drachms, and glycerine five drachms.

#### AN AROMATIC CASTOR OIL.

Dr. Standke (*Norsk Magazin for Lægevidenskaben*, No. 3, 1892) proposes the following manner of preparing an aromatic and well-tasting castor oil:

The best oil is treated with warm water several times and saccharin added. This gives a sweet-tasting syrup, which will keep as long as the original oil. If now small quantities of oil of cinnamon and the essence of vanilla be added the last remaining traces of harshness will disappear.

#### PUBLISHER'S NOTICES.

**BROMO SODA.**—On account of my happy experiences with BROMO SODA in the case of my daughter—who, by the way, has incipient phthisis—and as every true physician should, when a remedial agent of undoubted value is put into his hands, I feel it incumbent upon me to make known its therapeutic value. For a length of time my daughter had suffered most excruciating pain from headache accompanied with most debilitating nausea. Remedy after remedy was prescribed without accomplishing more than a negative result, until we almost despaired of affording her any permanent relief. My attention about a year or a little less ago, in England, was called to BROMO SODA as being likely to afford relief. Some of it was obtained from F. Newberry & Sons, 1 King Edward Street, London E. C. Moderate doses at first were exhibited to see how the irritable stomach would receive it. Finding that it did not disagree, the dose was gradually increased till the urgent symptoms began to subside, and it affords me great pleasure to inform you, that after three months persistent use of the BROMO SODA, I feel assured that she is permanently rid of the two difficulties already referred to, and her general condition better than for several years.

Its gentle, at the same time, powerful sedative action certainly places it in the front rank of the remedies controlling the action of the pneumogastric nerve, and the entire medical profession should co-operate with you in making known its value as a reliable therapeutic agent.

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# THE CINCINNATI LANCET-CLINIC:

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## Editorial.

### MODERN TREATMENT OF VESICAL CALCULI.

A few months ago we presented our readers with the conclusions arrived at by a number of prominent English physicians who have had large experience with the affection under discussion. Substantially the conclusion arrived at was: when possible always crush and evacuate; age being no important consideration; when crushing is impossible resort to the supra-pubic cystotomy for very large stones, and to median perineal lithotomy for small stones.

In the March number of the *Annals of Surgery* there is an article published in which J. D. Bryant, M.D., L. A. Stimson, M.D., E. L. Keyes, M.D., and L. B. Bangs, M.D., express their opinions upon "The Surgical Management of Genito-Urinary Calculus." As the two first authors devote their attention to renal calculus we shall omit reference to their views, but as the two

latter deal with the treatment of vesical calculus, we shall make liberal extracts from their writings in order to see what the prevalent view among American surgeons is. We may be mistaken when we assume that these two articles fairly represent the prevailing views; we believe that they are *not* a true expression of the surgeons of the country as a mass, but as they have put themselves upon record it will be of benefit to give their views and note the close affinity to those views so ably advocated by our English colleagues.

Dr. Keyes says:—"Old conclusions must now be modified by the light thrown from the three brilliant modern foci:

I. The admirable results of litholapaxy as applied to male children.

II. The undoubted triumphs of cystoscopy in perfecting diagnosis, more particularly as to the physical condition of the urinary tract.

III. The accumulating confidence of those who are testing the value of supra-pubic prostatectomy, as a radical measure for the relief of the enlarged prostate."

He then states his belief that the size of the stone is not a prime factor in deciding the method to be used for its removal.

After a short, but exceedingly good discussion of methods, he says: "I think it, therefore, safe to say, before puberty in either sex, always crush when practicable; for large stones cut above the symphysis."

"In middle life some foreign bodies (glass, pins, pencils, etc.) naturally demand the knife, and the perineal route may be properly preferred, yielding as it does a less mortality than the supra-pubic, and being as suitable for the detection and safe removal of the offending body."

According to the author's belief urethral stricture and chronic cystitis call for perineal section, the first for a median incision and the second the lateral. When pyelitis exists he believes it complicates the prognosis after either operation. In old men he leans to the cutting operation because of the drainage it affords a chronically inflamed bladder.

Dr. L. B. Bangs is convinced that lithotomy should mean only supra-pubic cystotomy, and that in any given case this and litholapaxy are the measures to be considered. Without laying down any definite rules he believes that each case should be carefully studied and the choice of operation determined by the individual features present in the case under consideration.

From these two articles we are forced to the conclusion that the American ideas upon this subject are in almost exact accord with those promulgated by Freyer and Keegan; a full report of whose conclusions was given in this journal during the past year.

Personal conversation with several surgeons who have done much of this variety of surgery has convinced the editor that many are extremely loth to give up the perineal operations, because of their uniformly good results, and the ease with which they can be performed. Perhaps there may be a revival of these operations at no distant date, but for the present we must, in order to be "in the swim," recognize but three operations for vesical calculus: Litholapaxy, whenever possible; supra-pubic cystotomy for the vast majority of the remaining cases; and median lithotomy for small stones, or where we especially desire continuous drainage of the bladder for some time. Tersely expressed this seems to be a true expression of the feeling of the leaders just at present.

#### THE ANNUAL COMMENCEMENT AND ALUMNI REUNION OF THE MIAMI MEDICAL COLLEGE.

Following the ordinary custom, the Alumni Association held their annual reunion at the Burnet House upon the evening of March 31.

The meeting was called to order by Andrew J. Bowers, M.D., of Moore's Hill, Indiana. After the reading of the minutes of the last meeting the Secretary announced the death of Drs. A. D. Bender, class of '70, F. M. Davis, class of '74, and T. M. Hesterly, class of '72. The President was directed to appoint committees from the classes to which these gentlemen belonged to draft suitable resolutions, and have the resolutions spread upon the Secretary's book.

After the transaction of business affairs the society adjourned to the banquet-hall, where a tempting and toothsome repast was served. When sufficient time had elapsed to allow of the proper mastication of the food, the President, Andrew J. Bowers, M.D., after a song by a quartet from the Apollo Club, made an able and pleasing address. As Dr. Bowers graduated in 1854, it was the most natural thing in the world for his address to be retrospective in nature. He called attention to the fact that of the original Faculty Drs. Murphy and Comegys alone survive, and give one an idea of the grand men who guided the destinies of the college during its early struggles. He also spoke words of encouragement to the present Faculty and to the younger graduates.

By good fortune Dr. Comegys was present, and was called upon for some remarks. That his remarks were good and appropriate goes without saying, for all physicians know that the Doctor is always happy in his remarks, and

that his native eloquence prompts him to do justice to all concerned. The general opinion, freely expressed, was "may Dr. Comegys long be spared to us."

A general feeling of disappointment was manifested when it became known that Dr. John A. Murphy was not present. All of the Alumni entertain the very warmest feeling for the Doctor, and nothing would have been more pleasant or inspiring than his presence and some remarks from him.

The class address was delivered by Dr. Mark Millikin. It was a credit to the class of '92 and was well delivered.

The Dean, Wm. H. Taylor, M.D., was then called upon for a few remarks. He rose to the occasion admirably by responding in a well-chosen talk.

Dr. Wenning was upon the programme for the closing toast, but during the week preceding the meeting the only enemy the medical profession has been unable to overcome, Death, invaded his household and removed therefrom two of his loved ones, two children, one a young lady just blooming into womanhood, and the other an infant child; therefore Dr. Wenning was not present. The Society as a mark of sympathy for their fellow-alumnus arose and remained standing during the singing of the last song.

After this the members dispersed with lighter hearts and happier minds because of the renewal of those ties which so closely bind them to their *Alma Mater*.

The Commencement exercises took place at the Odeon the following evening. The graduating class was smaller than when only a two years' course was required, but the standard of the class was very much higher.

Drs. Mark Millikin and J. G. Williams divided the Faculty prize. Dr.

Wingate took the first prize in anatomy; Dr. Ingrim the second. The prize in ophthalmology was taken by Dr. Rank. The address by Prof. C. E. Caldwell was a very scholarly production and it was followed attentively by the audience. We hope to have the pleasure of publishing the same at an early date.

The closing exercise, a piece of music well rendered by the orchestra, ushered the graduates of 1892 into the full enjoyment of those rights and privileges conferred by the title of "Doctor of Medicine."

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#### EDITORIAL NOTES.

THIS journal has received a copy of an address *delivered* by Dr. Gustav Zinke at the second annual celebration of the Out-Door Obstetrical Clinic of the Medical College of Ohio. The Doctor is evidently thoroughly imbued with the importance of the work, and because of his enthusiasm and earnestness this clinic has become a marked success. We would respectfully urge Dr. Zinke to establish a similar institution for the education of mid-wives. Some such move is a necessity because of the large amount of obstetrical work done by midwives. If the people must have midwives, let us give them the opportunity of having women who are well prepared and possess a knowledge of the necessary sort. This is a real need, and some enterprising physician or society should provide the necessary institution.

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MEDICAL journals have within the past few months described an ingenious procedure for the extraction of a hair-pin from a woman's bladder which has been resorted to by a Dr. Caldani, and described by him in the *Gazzetta degli Ospitali*, for November 15, 1891. He

made a small hook of iron wire, and, passing it into the bladder through a canula, seized the hair-pin with it, and then drew the hook slowly out through the canula.

Dr. B. F. Miller, of this city, has in his possession an instrument exactly similar to the one described, and which was invented and used a number of times by the late Dr. Thomas Wood, of this city, for the extraction of hair-pins from the female bladder. Dr. Wood has been dead for ten years or more, and although the idea was probably original with Dr. Caldani, yet the above fact alone is conclusive proof that the same idea was evolved some years previously by Dr. Wood.

THE meetings of the Ohio State Medical Society, which begin on May 4, will be held in the hall of the Y. M. C. A. building. The Committee should be congratulated upon securing so convenient and pleasant a place.

Papers of a high order are promised for the meeting by men of eminence from all over the State, and if we are not very much mistaken this will prove the best and most satisfactory meeting this Society has enjoyed for years.

For the information of those who care to know we state that Dr. N. P. Dandridge is the Chairman of the Committee of Arrangements, and Dr. T. V. Fitzpatrick is Secretary of the Society. All communications relating to the meeting should be sent to the Sec'y., 136 Garfield Place, Cincinnati.

THE ninth annual report of the Superintendent of the Oxford Retreat is before us. We are always pleased to receive their report and see the character of work they are doing. An interesting feature of these reports is the table given showing the amount of al-

cohol and opium present in the so-called cures for inebriety and the opium habit. This is a subject deserving more attention than is bestowed upon it, and we are glad to see that this institution persists in exposing these frauds.

The institution is still under the able care of G. F. Cook, M.D.

LAST week we announced as the newest arrival among medical journals the *Practitioner's Monthly*. Since then another infant has been ushered into existence. Its birthplace is Philadelphia, and it has been christened *The Philadelphia Polyclinic*. It is edited by a committee of the Faculty and published quarterly by the Philadelphia Polyclinic and College for graduates of Medicine. The first number contains six leading articles by members of the Faculty besides a number of clinical notes.

THE annual Commencement of the Ohio Medical College took place Thursday evening. The exercises were very interesting and the attendance was good, and the people were well repaid for attending. The annual meeting of the Alumni occurred in the afternoon, before the Commencement exercises.

A full report will be given in our next issue.

DR. MINOR's term as a member of the Police Board has expired. On account of the good record he has made we think the Governor could not do a wiser thing than to appoint Dr. Minor as his own successor. We earnestly urge the reappointment.

WE see from Prof. Osler's new work on "The Principles and Practice of Medicine," that twenty-nine diseases are classed as being of undoubted mycotic origin, while six more are re-

garded as doubtful. This gives one an idea of the progress that has taken place in medical ideas in the last few years.

#### LOCAL SOCIETY NOTICES.

##### ACADEMY OF MEDICINE.

Monday evening, April 11, the following will be reported:

"Congenital Encephalocele," with presentation of specimen. By DR. O. S. MILLS.

"Epithelioma of Auricle." By DR. S. C. AYRES.

"Sources of Infection in Typhoid Fever." By DR. E. W. MITCHELL.

MEMBERS of the Mississippi Valley Medical Association wishing to go as delegates to the American Medical Association at Detroit, will please send names to DR. E. S. MCKEE, Secretary, 57 W. Seventh St., Cincinnati, O.

#### CORONILLA IN PAROXYSMAL TACHYCARDIA.

Dr. Poulet (*Wiener med. Presse*, No. 52, 1892) has made a 20 per cent. tincture of this plant, which is spread all over Alsace-Lorraine, and places the dose at one to two grammes (fifteen to thirty drops) per day. A fourteen-year-old boy received twenty drops per diem. The remedy is indicated, as a substitute, in those cases where digitalis has been used for a long time, and is especially useful in the cardiac disturbances of tobacco, sexual excesses and masturbation.

#### THE TREATMENT OF THE CARDIAC PAINS OF HYSTERIA AND NEURASTHENIA.

Dr. Liégeois (*Deutsche med. Wochenschrift*, No. 7, 1892) treats the cardiac pains of hysteric and neurasthenic patients by the administration of the tincture of *piscidia erythrina*, Jamaica dogwood, in doses of twenty drops per diem. This treatment has given him good results.—[Pritchard.

#### THE PAN-AMERICAN MEDICAL CONGRESS.

The Committee on Permanent Organization met at St. Louis, October 14, 15 and 16, 1891, and adopted a series of General Regulations for the permanent organization of the Pan-American Medical Congress, and a series of special Regulations for the government of the first meeting, and recommended that the incorporators adopt both series of regulations as the organic law of the Congress.

Pursuant to such Regulations the following general officers were elected, viz:

William Pepper, M.D., LL.D., Philadelphia, Pa., *President*.

Abraham M. Owen, A.M., M.D., Evansville, Ind., *Treasurer*.

Charles A. L. Reed, M.D., Cincinnati, O., *Secretary General*.

#### International Executive Committee.

*Argentina*, Dr. Pedro Lagleyze; *Bolivia*, Emillo de Tomassi; *Brazil*, Dr. Carlos Costa; *British North America*, Dr. James F. W. Ross; *British West Indies*, Dr. Jas. A. De Wolf; *Chili*, Dr. Moises Amaral; *Colombia*, P. M. Ibanez; *Costa Rica*, Dr. D. Nunez; *Ecuador*, Dr. Ricardo Cucalon; *Guatemala*, Dr. José Monteris; *Hayti*, Dr. Lamothe; *Hawaii*, ———; *Spanish Honduras*, Dr. George Bernhardt; *Mexico*, Dr. Tomas Noriega; *Nicaragua*, Dr. Juan I. Urtecho; *Paraguay*, ———; *Peru*, Dr. José Casamira Ulloa; *Salvador*, Dr. David J. Guzman; *Santo Domingo*, ———; *Spanish West Indies*, Dr. Juan Santos Fernandez; *United States*, Dr. A. Vander Veer; *Uruguay*, Dr. Jacinto De Leon; *Venezuela*, Dr. Elias Rodriguez; *Danish, Dutch, and French West Indies*, ———.

The Auxiliary Committee nominated by the various members of the Committee on Permanent Organization each for his own State, and already commissioned by the Chairman, was confirmed.

The election of officers of sections was begun, but time would not permit of the completion of the list, which was referred to a special committee with power to act. It has been deemed inexpedient to publish the list until it is completed, which can hardly be accomplished before the meeting of the Committee on Permanent Organization at Detroit, in June; but the organiza-



tion of particular sections will be announced through the medical press as rapidly as officers are elected by the special committee.

In accordance with the wish of the Committee on Permanent Organization, as expressed in Special Regulation No. 4, Drs. I. N. Love, A. B. Richardson, L. S. McMurtry, R. B. Hall, T. V. Fitzpatrick and Charles A. L. Reed met in Cincinnati and signed the legal form of application for Articles of Incorporation of the Pan-American Medical Congress, which Articles of Incorporation were duly issued by the Secretary of the State of Ohio, under date of March 15, A.D., 1892.

At a meeting of the Incorporators, held March 16, 1892, the following Regulations, general and special, recommended by the Committee on Permanent Organization, were formally adopted as the organic law of the Pan-American Medical Congress in accordance with the laws of Ohio, and all elections had by the Committee on Permanent Organization, in accordance with such regulations were confirmed and made a part of the laws of the Congress:

#### GENERAL REGULATIONS.

##### TITLE.

1. This organization shall be known as The Pan-American Medical Congress, and shall meet once in — years.

##### MEMBERSHIP.

2. Members of the Congress shall consist of such members of the medical profession of the Western Hemisphere, including the West Indies and Hawaii, as shall comply with the special regulations regarding registration, or who shall render service to the Congress in the capacity of Foreign Officers.

##### OFFICERS.

3. The Executive Officers of the Congress shall be residents of the country in which the Congress shall be held, and shall consist of one President, such Vice-Presidents as may be determined by special regulations, one Treasurer, one Secretary General, and one Presiding Officer and necessary Secretaries for each section, all of whom shall be elected by the Committee on Organization, and there shall be such Foreign Vice-Presidents, Secretaries and Auxiliary Committees as are hereinafter designated.

##### THE COMMITTEE ON ORGANIZATION.

4. The Committee on Organization shall be appointed by the representative medical association of the country in which the Congress shall meet. This Committee shall select all

domestic officers of the Congress, and shall at its discretion confirm all nominations by members of the International Executive Committee, and in the event that any member of the International Executive Committee shall fail to nominate by the time specified by special regulation, the Committee on Organization shall elect officers for the country thus delinquent. It may appoint Vice-Presidents and Auxiliary Committeemen in foreign countries independently of nominations by the members of the International Executive Committee. It shall appoint Auxiliary Committees, arrange for the meeting, and frame special regulations for the session of Congress for which it was appointed. It shall make a report of its transactions to the opening session of the Congress.

##### THE INTERNATIONAL EXECUTIVE COMMITTEE.

5. There shall be an International Executive Committee which shall be appointed by the first Committee on Organization, and which shall consist of one member for each constituent country. This Committee shall hold permanent tenure of office except that when a member shall fail to be present at a meeting of the Congress, his office shall be declared vacant and the vacancy be filled by election held by the registered members from the country from which he was accredited. In the event of no representation whatever from the country in question, the members of the International Executive Committee present, shall determine what disposition shall be made of the office.

It shall be the duty of each member of the International Executive Committee to nominate from the medical profession of this country, one Vice-President for the Congress and one Secretary for each Section of the Congress, and to forward the same to the Chairman of the Committee on Organization; except that in any country in which the Congress shall meet, it shall be the duty of the member of the International Executive Committee for that country to request his representative national medical association to appoint a Committee on Organization, which Committee on Organization shall discharge the duties designated in Regulation IV. Members of the International Executive Committee shall also nominate such Auxiliary Committees, and shall furnish such information as the Committee on Organization may request.

6. The Committee on Organization may at its discretion cause the Congress to be incorporated, which incorporation shall hold only until the final disbursement of funds for the session held in that particular country. In the event of such incorporation such officers shall be elected and in such manner as may be required by law.

7. The following shall be considered as the constituent countries of the Pan-American Medical Congress:

Argentine Republic, Bolivia, Brazil, British North America, British West Indies, (including British Honduras) Chili, Honduras (Spanish), Mexico, Nicaragua, Paraguay, Peru, Salvador, Colombia, Costa Rica, Ecua-

dor, Guatemala, Haiti, Hawaiian Islands, Santo Domingo, Spanish West Indies, United States, Uruguay, Venezuela, Danish, Dutch, and French West Indies.

8. The Sections of the Congress shall be as follows:

(1) General Medicine, (2) General Surgery, (3) Military Medicine and Surgery, (4) Obstetrics, (5) Gynecology and Abdominal Surgery, (6) Therapeutics, (7) Anatomy, (8) Physiology, (9) Diseases of Children, (10) Pathology, (11) Ophthalmology, (12) Laryngology and Rhinology, (13) Otology, (14) Dermatology and Syphilography, (15) General Hygiene and Demography, (17) Marine Hygiene and Quarantine, (17) Orthopædics, (18) Diseases of the Mind and Nervous System, (19) Oral and Dental Surgery, (20) Medical Pedagogics, (21) Medical Jurisprudence.

#### LANGUAGES.

9. The languages of the Congress shall be Spanish, French, Portuguese and English.

#### AUXILIARY COMMITTEES.

10. The Auxiliary Committee shall consist of one member for each medical society or one for each considerable centre of population in each of the constituent countries of the Congress. Nominations for the Foreign Auxiliary Committee shall be made to the Chairman of the Committee on Organization by the members of the International Executive Committee, each for his own country, except that in the country in which the Congress is to be held nominations shall be made by the Committee on Organization. Appointments on the Auxiliary Committee shall hold only for the meeting for which they were made.

Members of the Auxiliary Committee shall be the official representatives of the Congress in their respective localities. It shall also be their duty:

(1) To transmit to the profession of their respective districts all information relative to the Congress forwarded to them for that purpose by the General Officers.

(2) To coöperate with the Officers of Sections in securing desirable contributions to the proceedings of the Congress.

(3) To furnish to the General Officers such information as they may request for the purpose of promoting the interests of the Congress.

(4) To cause such publicity to be given to the development of the organization as will elicit the interest of the profession and secure attendance upon the meeting, and they shall discharge such other duties as will promote the welfare of the Congress.

#### SPECIAL REGULATIONS OF THE FIRST CONGRESS.

##### TIME AND PLACE OF MEETING.

1. The First Pan-American Medical Congress shall be held in the City of Washington, D. C., September 5, 6, 7, 8, A.D. 1893.

##### REGISTRATION.

2. The registration fee shall be \$10.00 for members residing in the United States, but no

fee shall be charged to foreign members. Each registered member shall receive a card of membership and be furnished a set of the transactions.

#### ABSTRACTS, PAPERS AND DISCUSSIONS.

3. Contributors are required to forward abstracts of their papers, not to exceed six hundred words each, to be in the hands of the Secretary-General not later than the 10th of July, 1893. These abstracts shall be translated into English, French, Spanish and Portuguese, and shall be published in advance of the meeting for the convenience of the Congress, and no paper shall be placed upon the programme which has not been thus presented by abstract. Papers and discussions will be printed in the language in which they may be presented. All papers read in the Sections shall be surrendered to the Secretaries of the Sections; all addresses read in the General Session shall be surrendered to the Secretary-General as soon as read; and all discussions shall be at once reduced to writing by the participants.

#### INCORPORATION.

4. The Chairman of the Committee on Organization shall cause the Congress to be incorporated under the laws of Ohio, and fifteen trustees shall be elected in accordance therewith, who by by-laws and through the Executive Committee shall supervise all receipts and disbursements by the Treasurer in accordance with the laws of Ohio. The President, Secretary-General, Treasurer, the members of the International Executive Committee for the United States, and Chairmen of Section shall be *ex-officio* members of the Board of Trustees.

#### FOREIGN NOMINATIONS.

5. All nominations by the International Executive Committee must be in the hands of the Chairman on Organization by June 1, 1893, and in default thereof the Committee on Organization shall elect officers for countries thus delinquent.

#### THE ORGANIZATION OF SECTIONS.

6. The officers of each section shall consist of—Honorary Chairmen, who shall be residents of the constituent countries of the Congress; one Executive Chairman, who shall organize the work of the section, direct its deliberations, and deliver an inaugural address at its opening session; one English-speaking Secretary and one Spanish-speaking Secretary, residents of the United States, who shall coöperate with the Executive Chairman in conducting the correspondence of the section; and there shall be one secretary for each section, resident in each additional constituent country of the Congress.

#### DOMESTIC AUXILIARY COMMITTEE.

7. The Auxiliary Committee for the United States shall be elected by the Committee on Organization, and shall consist of one member for each local medical society, or, in the absence of medical organization, then one in each considerable center of population, which Auxiliary Committee shall coöperate

with the Committee on Organization and with the General Officers in promoting the welfare of the Congress. Nominations for the Auxiliary Committee shall be made by members of the Committee on Organization, each for his own State, except that in the failure of any member to make such nomination by January 1, 1892, or in the inadequacy of the same, the Chairman of the Committee on Organization shall supply the deficiency.

#### EXECUTIVE COMMITTEE.

8. The Board of Trustees shall designate seven members, including the President, Treasurer, Secretary-General, and member of the International Executive Committee for the United States, who shall comprise an Executive Committee which shall transact all business of the Congress *ad interim* in accordance with by-laws adopted by the Board of Trustees.

#### AMENDMENTS.

9. Amendments to these Regulations can be made only by the International Executive Committee on a majority vote, ten members constituting a quorum, at any meeting of the Congress.

Pursuant to the laws of Ohio and the Regulations adopted as above, and in accordance with nominations by the Committee on Permanent Organization, the Incorporators elected fifteen Trustees as follows:

Dr. W. T. Briggs, *Tenn.*; Dr. Geo. F. Shady, *N. Y.*; Dr. P. O. Hooper, *Ark.*; Dr. S. S. Adams, *D. C.*; Dr. H. O. Marcy, *Mass.*; Dr. J. F. Kennedy, *Iowa*; Dr. H. D. Holton, *Vt.*; Dr. L. S. McMurtry, *Ky.*; Dr. N. S. Davis, *Ills.*; Dr. Levi Cooper Lane, *Calif.*; Dr. I. N. Love, *Mo.*; Dr. Hunter McGuire, *Va.*; Dr. J. C. Culbertson, *Ill.*; Dr. A. Walter Suiter, *N. Y.*; Dr. C. H. Mastin, *Ala.*

Drs. L. S. McMurtry (*Ky.*), I. N. Love (*Mo.*), and W. W. Potter (*N. Y.*), were designated to act as members of the Executive Committee.

The organization of the Congress is complete in British North America, the British West Indies, the Spanish West Indies, Guatemala, Nicaragua, United States of Colombia, Brazil, Uruguay, Venezuela and the Argentine. It is confidently expected that the nominations from the remaining countries will be in by June.

It is expected to announce the completed organization of the Congress, its sections and auxiliary committees, domestic and foreign, by July 1, 1892.

On behalf of the Committee on Permanent Organization,

CHAS. A. L. REED, Chairman.

J. W. CARHART, Sec'y.

## Miscellany.

### HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending April 1, 1892:

WARD.	Measles.		Scarlet Fever.		Whooping Cough.		Diphtheria.		Croup.		Typhoid Fever.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....			2									1
2.....	2						9					
3.....												
4.....							2					
5.....	1											
6.....	1	1					1					
7.....	2		1				1					
8.....			2									
9.....	2		1				1					
10.....			1		1	1	2		1			
11.....	1						2					
12.....			1				2	1			2	1
13.....												
14.....			1									
15.....			1				1				1	1
16.....	2		1	1	1							
17.....	2		1		3							
18.....	5											
19.....	6											
20.....	2											
21.....			1									
22.....	1						1					
23.....	1		1				1		1			
24.....			1			1						
25.....	1						2	1				
26.....	3		1				1		2			
27.....							1					
28.....	2											
29.....			2									
30.....	2		1		5		2					
Public Institutions.....												
Totals.....	36	20	11	10	2	28	5	2	2	1	2	
Last week.....	39	24	3	11		27	8	3	2	6	1	

Mortality Report for the week ending April 1, 1892:

Diarrhoea.....	2
Influenza.....	1
Whooping Cough.....	2
Other Zymotic Diseases.....	15-20
Phthisis Pulmonalis.....	13
Other Constitutional Diseases.....	7-20
Bronchitis.....	11
Gastritis—Gastro-Enteritis.....	3

Heart Disease.....	6
Liver Disease.....	3
Meningitis.....	8
Nephritis.....	3
Pneumonia.....	16
Other Local Diseases.....	19-69
Deaths from Developmental Diseases.....	12
Deaths from Violence.....	6
Deaths from all causes.....	127
Annual rate per 1,000.....	22.01
Deaths under 1 year.....	31
Deaths between 1 and 5 years.....	21-52
Deaths during preceding week.....	137
Deaths for corresponding week of 1891...	142
Deaths for corresponding week of 1890...	113
Deaths for corresponding week of 1889...	112
J. W. PRENDERGAST, M.D., Health Officer.	

## OHIO HEALTH BULLETIN.

Infectious Diseases reported to the Ohio State Board of Health in 51 cities and towns during the week ending April 1, 1892.

<i>Diphtheria:</i>		Cases.	Deaths.	<i>Typhoid Fever:</i>		Cases.	Deaths.
Bellefontaine...	1	..	..	Cincinnati.....	1	2	..
Bloomville.....	2	2	..	Cleveland.....	4	3	..
Cincinnati.....	28	5	..	Columbus.....	..	1	..
Cleveland.....	5	3	..	Leontonia.....	1	..	..
Clyde.....	1	..	..	New Lisbon.....	1	..	..
Columbus.....	6	1	..	Salem.....	1	..	..
East Palestine..	1	..	..	Springfield.....	2	1	..
Elmwood.....	1	..	..	Toledo.....	..	1	..
Leontonia.....	1	..	..	Youngstown.....	2	..	..
Lima.....	..	1	..	<i>Scarlet Fever:</i>			
Middletown.....	2	1	..	Bellefontaine...	1	..	..
Millersburg.....	1	..	..	Cambridge.....	1	..	..
Springfield.....	1	..	..	Chicago.....	4	..	..
West Liberty.....	1	..	..	Chillicothe.....	2	..	..
<i>Whooping-Cough:</i>				Cincinnati.....	20	1	..
Bloomington.....	3	..	..	Cleveland.....	7	3	..
Cincinnati.....	20	1	..	Columbus.....	12	..	..
Clyde.....	1	..	..	Coshocton.....	6	1	..
Columbus.....	..	1	..	Fostoria.....	1	..	..
Leontonia.....	2	..	..	Loveland.....	2	..	..
Youngstown.....	3	..	..	Middletown.....	2	..	..
<i>Measles:</i>				Millersburg.....	2	..	..
Bedford.....	5	..	..	Portsmouth.....	13	..	..
Cincinnati.....	36	..	..	Reading.....	1	..	..
Cleveland.....	20	..	..	Springfield.....	7	..	..
Elmwood.....	1	..	..	Sycamore.....	1	..	..
Geneva.....	2	..	..	Toledo.....	3	..	..
Lima.....	22	..	..	Urbana.....	3	1	..
Ravenna.....	2	..	..	Wabash Tp.....	1	..	..
Springfield.....	7	..	..	Washington C.H.	2	..	..
Warren.....	5	..	..	Wellington.....	1	..	..
Youngstown.....	16	..	..	Wyoming.....	1	..	..
				Xenia.....	2	..	..
				Youngstown.....	12	..	..

No infectious diseases reported to health officers in 13 towns.

C. O. PROBST, M.D., Secretary.

## THE NEW MILITARY WEAPONS AND EXPLOSIVES.

The following observations have been forwarded to Geneva by Sir Thomas Longmore, in support of a proposal to consider, at the approaching International Congress of Red Cross Societies at Rome, April 21, 1892, whether any modifications of existing field hospital arrangements, particularly as regards volunteer aid, are required, owing to the general adoption of the new weapons and explosives in armies, and if any are thought to be needed, in what directions, and to what extent they appear desirable.

Sir T. Longmore remarks: The recently introduced magazine small-calibre rifles and their compound projectiles, together with the new explosives applied to them, will exert so serious an influence on the results of future wars, that it is only prudent to consider well beforehand in what way, not only the arrangements of the official army medical services, but also of the supplementary Red Cross Service, will be affected by them.

In general terms, the following effects may be anticipated to result from the new weapons and explosives:

1. In consequence of the enormous initial velocity impressed by the improved firearms on the projectiles discharged from them, the destructive energy of the new rifle bullets, notwithstanding a certain diminution in their weight, has become so immensely increased, that within comparatively limited ranges, that is, from about 300 to 400 metres, such fearful wounding results as occurred in some of the memorable assaults, and conflicts at close quarter, during the Franco-German war of 1870-71, will become very greatly magnified in future wars. Moreover, it must not be forgotten that in critical moments the reserves of ammunition in the rifle magazines will confer a power of multiplying the numbers of wounded with the greatest rapidity.

2. As a further consequence of the very high velocity, both of translation and rotation, impressed on the new rifle projectiles, together with the com-

paratively little resistance offered to their passage through the air owing to their altered construction, the range of effective fire has become very greatly increased. It is not improbable that fire may be opened and concentrated against troops advancing to attack, or against supports and reserves, from a distance of 2,200 metres and upwards. It has been found on trial that good marksmen can make 50 per cent. of hits against targets of suitable dimensions placed at a distance of 1,830 metres. A short time ago a laborer, near Aldershot, was struck at a distance of 2,560 yards (2,340 metres) by one of the new bullets in the thigh. The bullet made an oblique passage completely through the upper part of the limb, and, after making its exit, buried itself in the ground. The man recovered, but had the projectile happened to have hit the man in the abdomen or chest, his wound would have almost certainly proved fatal. How many wounds may be expected to occur at or near similar distances in war of the future?

3. In addition to the improved qualities of the new rifle bullets which have been already mentioned, their diminished areal section, together with the hardness and smoothness of their envelopes, have conferred on them a penetrative energy far beyond the penetrative energy possessed by any previous rifle projectiles. One of these narrow bullets will be capable of passing through many men in succession if the men happened to be standing in its path; and as the trajectory of these projectiles is a very low one, the space within which men, both unmounted and mounted men, will be subjected to such dangers in the field has become greatly extended.

4. With smokeless powder, and the consequent facility of seeing troops more clearly at very long distances, it may be expected that the aim will be more accurate than it has hitherto been in war.

5. From all the circumstances mentioned when taken together, it is rendered obvious that not only the deaths in the field, but also the numbers of wounded, will be very largely increased

in future wars, and that these casualties will take place over an extent of battlefield unknown in former experience of warfare.

6. The changes which have taken place in the larger kinds of projectiles have not been alluded to in these remarks, because hitherto the greatest number of wounds in war have been inflicted by the projectiles of portable firearms. It is not to be forgotten, however, that the effects of some of the new chemical explosives of very violent disruptive energy which will be used as the bursting charges of shells are not publicly known. It is generally understood, however, that shells under the action of such explosives will be broken up into a far larger number of fragments, and that the fragments will be propelled with far greater force than when gunpowder was used as the disruptive agent.

7. Everything thus tends to show that while the number of sufferers urgently requiring help will be vastly increased in future wars, the means of affording them shelter and surgical attention will be pushed back to a greater distance than has ever before been necessary. If a battle is fought on a very large scale, the number of wounded men most pitifully demanding aid will be so vast that obviously the arrangements made to meet the wants of the probable number of wounded under ordinary circumstances will be quite inadequate to meet future needs. The question thus arises whether the system of volunteer help to the wounded by neutrals, which was, in fact, accepted by both the French and Germans during the war of 1870-71, and in principle is admitted under certain restrictions in the official regulations of most countries, should not be more largely developed in order to meet the necessities of the wounded, in case, unhappily, hostilities on a large scale should again arise in Europe.

The question appears to be one which may be very fitly considered and discussed at the International Conference of Red Cross Societies, at Rome, with the view that, if possible, some definite recommendations may be ar-

rived at on the subject.—*British Med. Journal.*

### THE SONG OF THE BACILLUS.

Once I flourished unmolested, now my troubles  
never cease;  
Man, investigating monster, will not let me  
rest in peace.  
I am taken from my kindred, from my newly  
wedded bride,  
And exposed—it's really shameless—on a  
microscopic slide.  
Sure some philbacillic person a society should  
start  
For protection of bacilli from the doctor's bale-  
ful art.

Koch the evil game first started, and his lymph  
came squirming in,  
But, 'twixt you and me, bacilli did not care a  
single pin.  
We went elsewhere in the body, and it only  
made us roam.  
But it's hard, you must admit, to be worried  
from your home;  
And methinks the hapless patient had much  
rather we had rest,  
When he finds us wildly rushing up and down  
his tortured breast.

Then came Bernheim and his dodges; his spe-  
cific is to flood  
All the circulation freely with injections of  
goat's blood.  
That is really rather soothing, and it doesn't  
seem to hurt,  
Though they lacerate your feelings with an au-  
tomatic squirt;  
Time will show if it's effective, but 'twill be re-  
venge most sweet,  
If the patients take to butting every single soul  
they meet.

Next fierce Liebrich, quite a savage, has de-  
clared that we shall die,  
Shattered and exacerbated by the dreadful  
Spanish fly,  
We should like to ask the patient if he thinks  
he'll live at ease  
With his system impregnated with that vile  
cantharides?  
We perchance may fall before it, waging an  
unequal strife,  
But it's any odds the patient will be blistered  
out of life.

Therefore, O my friends take heart, and these  
indignities endure,  
Although every week brings news of an in-  
dubitable cure;  
We have lived and flourished freely ever since  
the world began,  
And our lineage is as ancient surely as is that  
of man;  
While I'll venture the prediction, as a wind-up  
of my song,  
That, despite these dreadful doctors, we may  
happily live as long.

—From *Punch*.

### SHALL CLERGYMEN PAY THE PHYSICIAN FOR SERVICES?

The *N. Y. Medical Record* says that this question has come up for discussion, based upon the bill of a Brooklyn physician made against the estate of a Catholic priest for services rendered. The heirs protested on the ground that it was usual for physicians to make no charges under the circumstances. There is no reason why this should be so, however, as was very properly stated by a priest in voluntarily answering the question in a letter to one of the newspapers. We entirely agree with the latter assertion and that, save in a very few exceptional cases, charges should always be made. The physician pays the priest for the marriage ceremony, for christening, and his heirs are expected to be ready with an honorarium when mass is said at the funeral of the doctor, when his many deeds of charity are over. Nor does the physician enjoy a free pew in the church of his choice on the score of helping the deserving poor of the congregation. As a mere matter of advertisement or practice it seldom if ever pays, as the clergyman in many cases chooses a physician for himself, but for policy sake does not care to recommend one doctor more than another for members of his flock. But more than all, the services to the priest or minister are valued in proportion to the amount actually paid for them.

### ARE DISEASES CHANGING THEIR FORM?

The *Medical Age* says that it is a well recognized fact that many diseases are met with in practice varying from the description of them in standard text books. While climatic conditions and individual idiosyncrasy account for some of this variation doubtless there are other causes operative.

It would seem that by far too little attention has been given to this phase of medical science, and that the non-recognition of possible changes in forms of disease is the reason why many medical men fail in practice. They go on

on the old therapeutic lines, while the men who use medicine sparingly and hygienic treatment succeed. Those who imagine that things are going to the bad, because the old medicines are to some degree being replaced by new remedies, have these facts against them. New phases of disorders require fresh treatment, and accumulated experience must decide which is good for this or that. Yet, although we are prepared to recognize a shifting of the basis of attack so far as some diseases are concerned, we cannot agree that the favorite remedies as a whole have lost ground. In these latter days they may have been shorn of a few of the properties with which they have been accredited, but substantially their chief therapeutic properties have survived the scrutiny of modern science, and may remain valuable agents in the physician's hands. The newer remedies have not materially displaced the old ones, for the reason that most of them have come forward to fill unoccupied positions in the relief of disease.

Numerous instances of this might be cited, and no one at the present time who reviews the additions to the materia medica and considers the improvements of modern over ancient methods of medication can but commend the advances made, and look forward with hope for new discoveries which may render remediable diseases now incurable.

#### A NEW RULING.

The Illinois State Board of Health has taken another step in the right direction. It has decided not to recognize foreign diplomas which do not entitle the holders to practice in the countries in which such diplomas are granted. Heretofore anything that went by the name of diploma has been accepted, and graduates of the University of Berlin, Breslau graduates, and those of Griefswald and Halle, have been permitted to practice in Illinois when they could not do so in their own countries. According to a recent ruling of the Board, in future licenses to practice will not be issued to the holders of such documents.—*The Medical Era*.

## Bibliography.

### MEDICAL LITERATURE REVIEWED TO DATE.

#### A SYSTEM OF PRACTICAL THERAPEUTICS. Vol. I.

Edited by HOBART AMORY HARE, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Assisted by WALTER CHRYSTIE, M.D., Instructor in Physical Diagnosis in the University of Pennsylvania. With illustrations. Philadelphia: Lea Brothers & Co., 1891.

Undoubtedly this work will appeal very strongly to every practitioner of medicine. The system will be complete in three volumes, each one of which will contain over one thousand pages. The contributors to the work have been selected from among the foremost men in the profession, men whose reputation is a sufficient guarantee of the value of the system, men who are acknowledged authorities on the subjects contributed. No less eminent a writer than Horatio C. Wood contributes the introductory chapter, entitled "General Therapeutic Considerations." The questions considered by Dr. Wood in this introduction are, first, the different principles which underlie the modern methods of therapeutics, including a discussion of the way in which physicians have discovered the facts upon which these principles are based; second, dosage; third, rules for the combination of drugs.

In a foot-note, discussing the question as to the cause of the survival of homœopathy, Dr. Wood says that, in his opinion, the time has come when the regular physicians should no longer, by refusing to consult with homœopathic practitioners, recognize their separate existence; that if consultations between homœopaths, so-called, and regular physicians became frequent, in a short time it would be impossible longer to deceive the public. He says that homœopathy has, in fact, practically ceased to exist, but that certain practitioners of medicine, however, avail themselves of the value of the name as a trade-mark in order to deceive the public and obtain an advantage over their rivals. He

thinks that the regular profession not only has it in its power, but owes it as a duty to itself and to the public, to announce once for all that homœopathy having ceased to exist, and there being no class of medical practitioners whose practice is based "upon exclusive dogma," therefore that every physician is at liberty to consult with whomsoever he pleases. Dr. Wood shows conclusively by statistics that homœopathy is every-where now on the decline except in the United States. In Germany, the birth-place of Hahnemannism, there are only 218 homœopathic physicians, and on the entire continent of Europe there are but 1,022 practitioners of homœopathy, the largest proportion, according to the population, being found in Spain, the one country where the general level of education is the lowest. In America, he says, it is probably holding its own, for the reason that here individualism runs wildest riot; irregularities of all kinds, in religion, philanthropy and medicine, flourish; and especially because in America there is a lack of legal control over the entrance into medical practice, which results in deficiencies of the regular profession; and, most of all, because of the notorious fact that the American homœopath does not practice homœopathy.

The chapter on "Prescription-writing and the Combination of Drugs," by Joseph P. Remington, Ph.M., is one which we doubt not can be read with considerable profit by the great majority of physicians. Bad prescription-writing is by far too common. This chapter is illustrated by many examples of good and bad prescriptions.

A. D. Rockwell contributes a chapter on "Electro-Therapeutics," a subject which is becoming very popular of late years, and one which at the same time is but imperfectly understood by the general run of practitioners.

"Swedish Movements and Massage" is the subject of a chapter by Benjamin Lee. Mechanical therapeutics at present is attracting considerable attention, and we believe that this chapter is very wisely introduced in this work. The article is well illustrated by cuts and diagrams.

"General Exercise," by E. M. Hartwell; "Climate," by S. E. Solly; and "Hydro-therapy and Mineral Springs," by Simon Baruch, are the subjects of three important contributions which come under the general heading of "Remedial Measures other than Drugs."

Four monographs on the subject of "Preventative Medicine" are contributed by eminent men. The one by H. B. Baker on "General Sanitation" is especially interesting, and deserves to be thoroughly read. In it the necessity for sanitary legislation is strongly set forth. The chapters on "Disinfection," by G. M. Sternberg, and "Antisepsis and Asepsis," by J. W. White, properly follow the one on general sanitation.

"Nutrition and Foods, Including the Treatment of Obesity and Leanness," by I. B. Yeo, is thoroughly and interestingly handled.

The remaining sections of the first volume of this system are five: one on "Tuberculosis," by Cohen; "Scrofulosis and Rachitis," by Walter Chrystie; "Rheumatism, Rheumatoid Arthritis and Gout," by James Stewart; "Scurvy," by J. B. Hamilton; and "Diabetes Mellitus," by F. A. Packard; the name of the contributor being sufficient to assure us that they will be found unusually valuable.

#### A PRACTICAL TREATISE ON DISEASES OF WOMEN.

By T. GAILLARD THOMAS, M.D., LL.D., Professor Emeritus of Diseases of Women in the College of Physicians and Surgeons, New York, etc., etc. Sixth edition. Enlarged and thoroughly revised by PAUL F. MUNDE, M.D., Professor of Gynecology at the New York Polyclinic and at Dartmouth College, etc., etc. Containing 347 engravings on wood. Philadelphia: Lea Brothers & Co., 1891.

In America this book has been the favorite text-book on gynecology for a number of years. It has also been translated into several foreign tongues, and as a consequence it has perhaps more than any other work on gynecology secured very favorable recognition throughout the world. It has been ten years since the fifth edition was issued, but notwithstanding that there has been during this last decade a number of more recent works on this subject pub-



lished, yet this one by Thomas has continued to be the one most universally used. In no department of medicine has greater advancement been made during the past ten years than in that of gynecology, and hence it is that the author has recognized the demand for a sixth edition of his popular work, yet at the same time he has been unable to find the opportunity himself to yield to the demands for a revision, and consequently he has had to call upon an associate to do the work for him. His selection in this respect we believe has been a most fortunate one, and Mundé has certainly done his work well. In many respects the views of these two men differ quite materially. The author empowered Dr. Mundé to change, omit or add wherever he saw fit, without reference to his (Dr. Thomas') views as expressed in former editions. Individual experiences or differing opinions have been included in brackets and signed "T. G. T." or "P. F. M.," as the case may be, Dr. Mundé holding himself solely responsible for any additions or alterations in this revision. Alterations in most of the chapters are quite marked, and, in fact, some have been entirely rewritten. There has also been added chapters on electricity, hermaphroditism, diseases of the urethra and bladder, and diseases of the female breasts.

We hope this valuable work will continue to hold the elevated position it has so long occupied among gynecological works.

**THE POCKET PHARMACY WITH THERAPEUTIC INDEX:** A Résumé of the Clinical Applications of Remedies Adapted to the Pocket-Case, for the Treatment of Emergencies and Acute Diseases.

By JOHN AULDE, M.D. New York: D. Appleton & Co., 1892. For sale by Robert Clarke & Co. Price \$2.00.

We hardly know what to say in regard to this book, which is in the nature of a plea for small doses. Since the introduction of the tablet triturates, compressed tablets, and small pills or granules, the dispensing of drugs by

the physician himself seems likely to become more general. We doubt, however, our ability to practice medicine successfully under the plan suggested by this work. If the time should come when we consider it advantageous to do our own dispensing, we think that we would be able to select the contents of our pocket-case far more to our own satisfaction than has been done by the author. We do not believe the demand for this book will be very large.

#### BACTERIOLOGICAL DIAGNOSIS: Tabular Aids for Use in Practical Work.

By JAMES EISENBERG, Ph.D., M.D. Vienna. Translated and augmented, with the permission of the author, by NORVAL H. PIERCE, M.D., Chicago. Published by the F. A. Davis Co., Philadelphia and London, 1892.

The author has arranged, in tabular form, the salient points by which the various species of bacteria may be distinguished from each other; he begins by taking the non-pathogenic bacteria which liquefy gelatine, next the non-pathogenic bacteria which do not liquefy gelatine; then the pathogenic bacteria cultivated outside the animal body, then pathogenic forms not cultivated outside the animal body; lastly, he considers the fungi, and the bacteriological technique used in the cultivation and staining of bacteria.

In each table he considers the place where each form is found; their form and arrangement; the motility or non-motility; their growth upon gelatine, agar-agar, potato, and blood serum; the temperature at which they thrive best; rapidity of growth; spore-formation; aerobiosis; gas-production; gelatine-reaction; color-production; and pathogenesis.

We were familiar with the first German edition, which was issued in 1885, and have often wondered why an English translation had not appeared.

The book is an exceedingly valuable one for the practical bacteriologist, because it forms a key to the work and saves much time which would otherwise be wasted in looking up the prac-

tical points connected with each species of bacteria.

To the merely theoretical student of bacteriology we cannot see how this book can be of much service, unless it stimulates him to undertake the practical work.

To the actual worker in this field we strongly commend the work, for we are positive that he will find much benefit from its daily use.

The volume is nicely published; the paper and type are of good quality, and the alphabetical index renders it an exceedingly handy book for reference.

#### BOTANY: A Concise Manual for Students of Medicine and Science.

By ALEX. JOHNSTONE, F.G.S., Lecturer on Botany, School of Medicine, Edinburgh. With 164 illustrations and a series of floral diagrams. New York: D. Appleton & Co., 1891. For sale by Robert Clarke & Co. Price \$1.75.

This book is in the shape of concise notes and summaries. The author says that no one attempts to teach himself science now-a-days, but all wisely attend lectures and demonstrations, where the principles are set forth and explained; and that, therefore, the student does not so much require a manual with diffuse explanations, but rather a kind of illustrated digest and general note-book, which will enable him to quickly arrange and make the most effective use of the various facts and theories treated of by his teacher.

#### BROCHURES RECEIVED.

**Consumption: How to Prevent it and How to Live with it.** Its nature, its causes, its prevention, and the mode of life, climate, exercise, food, clothing, etc., necessary for its cure. By N. S. Davis, Jr., A.M., M.D., Professor of Principles and Practice of Medicine, Chicago Medical College, etc., etc. Philadelphia and London: F. A. Davis, publisher, 1891.

**The Complete Medical Pocket-Formulary and Physicians' Vade-Mecum.** Containing upwards of 2,500 prescriptions collected from the prac-

tice of physicians and surgeons of experience, American and foreign, arranged for ready reference under an alphabetical list of diseases. Also a special list of new drugs, with their dosage, solubilities, therapeutical applications, etc. By J. C. Wilson, A.M., M.D. Philadelphia: J. B. Lippincott Co., 1892.

**Rupture of the Sac of an Extra-Uterine Pregnancy through the Fimbriated Extremity without Tearing the Fallopian Tube; Operation; Recovery.** By Hunter Robb, M.D. Reprint from the *New York Journal of Gynecology and Obstetrics*.

**The Pathology and Prevention of Influenza.** By Julius Althaus, M.D., M.R.C.P., London. An amplification of a paper read before the Medical Society of London, November 2, 1891. New York: G. P. Putnam's Sons, 1892.

**Tuberculin: The Value and Limitation of its Use in Consumption.** By Charles Denison, A.M., M.D. Reprinted, with revisions, from the Transactions of the Colorado State Medical Society.

**Reaction of the Amide-Group upon the Wasting Animal Economy.** By Profs. Samuel G. Dixon, M.D., and W. S. Zuill, M.D., D.V.S. Reprint from the *Times and Register*.

**Are Inebriates Curable?** By T. D. Crothers, M.D., Hartford, Conn. Read before the English Society for the Study of Inebriety.

**Mme. La Chapelle, Midwife.** By Hunter Robb, M.D. Reprint from the *Johns Hopkins Hospital Bulletin*.

#### PUBLISHER'S NOTICES.

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## CONTENTS.

### ORIGINAL ARTICLES.

A REPORT OF A SERIES OF TRACHOTOMIES AND INTUBATIONS. By C. B. Schoolfield, M.D., Dayton, Ky. 497  
REPORT OF A CASE OF LEAD POISONING. By Louis Dunn, M.D., Corinth, Ky. 499

### SOCIETY REPORTS.

ACADEMY OF MEDICINE.  
Meeting of February 29, 1892.  
Discussion on a Report of a Series of Intubations and Tracheotomies. 502  
Meeting of March 22, 1892.  
Traumatic Aphasia by Counter-Stroke. By Joseph Ransohoff, M.D. 508

PHILADELPHIA COUNTY MEDICAL SOCIETY.  
Meeting of March 9, 1892.  
A Scientific Cure for Hernia. By Benjamin T. Shimwell, M.D., Philadelphia. 506  
Scrotal Hernia Reduced after Three Weeks' Manipulation. By A. B. Hirsch, M.D., Philadelphia. 509  
A Successful Case of Lateral Anastomosis of the Ileum for Malignant Stricture, with a discussion of the Operative Technique. By Wm. E. Ashton, M.D., Philadelphia. 510

### TRANSLATIONS.

PARISIAN MEDICAL CHIT-CHAT. By T. C. M.  
Ricord and the Society of Surgery.—Death of Quatre-fages. 518  
THERAPEUTIC NOTES. By F. H. Pritchard, M.D., Norwalk, O.  
Assafoetida in Habitual Abortion. 499  
Bromoform in Whooping-Cough. 501  
Influenza.—A Formula for Sycosis. 505  
Treatment of the Pneumonia of the Grippe.—Incrustations on Permanent Catheters and How to Dissolve Them. 522  
Treatment of Cardiac Asthma.—Inhalations of Menthol in Tracheitis. 523  
The Treatment of Uncomplicated Leucorrhœa by Helenine. 527

### EDITORIAL.

REGULATION OF EMPIRICISM. 524  
REGULATION OF DISPENSARY PRACTICE. 525  
EDITORIAL NOTES: College Commencements and Alumni Meetings. 526  
American Academy of Medicine. 527

Contents continued on Advg. p. 4.

## A VALUABLE AGENT.

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**N. Y. MEDICAL RECORD.,**

January 9th, 1892.

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**LONDON MEDICAL RECORD.,**

ESSENCE OF PEPSINE

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**PRECISION** as to weight and division.

**PERFECT UNIFORMITY** as to activity and identity.

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Whole Volume LXVII.

**Original Articles.**

**A REPORT OF A SERIES OF  
TRACHEOTOMIES AND  
INTUBATIONS.**

A Paper read before the Academy of Medicine, February 29, 1892,

BY

C. B. SCHOOLFIELD, M.D.,  
DAYTON, KY.

Among the diseases of children there are none which the physician approaches with more misgivings or greater anxiety than pseudo-membranous laryngitis. It is of such frequent occurrence that it is met with in the practice of every general practitioner, and the percentage of death is appalling. It is therefore the duty of every physician to contribute whatever of knowledge he may have obtained in practice toward relieving this dread malady. The ten cases herewith reported were treated, after all medical treatment had failed; the first seven by tracheotomy, the next three by intubation, as follows:

*Case I.*—May 10, 1880. Morton C., aged four years; pseudo-membranous laryngitis, without diphtheritic complication; membrane limited to the larynx. Tracheotomy; recovery; tube removed on the sixth day.

*Case II.*—September 12, 1881. John S., aged three years; pseudo-membranous laryngitis, with diphtheria; fauces covered with membrane; general diphtheritic infection. Tracheotomy; death twenty-four hours after, from heart failure. Hygienic surroundings bad; nursing poor.

*Case III.*—May 10, 1884. Philip F., aged five years; patient of my

brother's, Dr. D. Schoolfield, Bellevue, Ky. Membranous laryngitis as a sequel of measles. Tracheotomy; death in forty-eight hours, from exhaustion.

*Case IV.*—August 5, 1887. Archie L.; membranous croup, limited to the larynx; no diphtheritic symptoms. Tracheotomy, by Dr. Chas. Kearns, of Covington, Ky.; recovery.

*Case V.*—April 1, 1888. Katie S., aged ten years; diphtheria. Laryngeal tracheotomy; dyspnoea relieved; died on the fourth day, from diphtheria and heart failure.

*Case VI.*—May 8, 1889. Mary F., aged three years; patient of Dr. F. Barker, of Bellevue, Ky. Malignant diphtheria, with pseudo-membranous croup. Tracheotomy; death on the third day after operation from diphtheritic poison.

*Case VII.*—July 21, 1890. Sadie K.; diphtheria, membranous; laryngeal stenosis. Tracheotomy, death forty-eight hours after from heart failure.

*Case VIII.*—October 3, 1891. Carrie L., aged four and a half years; diphtheria, with membranous croup. Intubation; recovery; tube removed on the fifth day; dyspnoea so great as to necessitate its re-introduction; again removed on the sixth day, with no further trouble. Three more cases of diphtheria in the same family.

*Case IX.*—January 2, 1892. Elvira A., aged twenty-three months; diphtheria, with croup. Intubation; recovery; tube removed on the fifth day. Four children in this family had diphtheria, three of whom had croup, two recovering without operation.

*Case X.*—February 3, 1892. Chas. W., aged twenty-one months; diphtheria, with laryngeal croup. Intubation; recovery. This was a case of Dr. D. Schoolfield, and one of the most

unpromising. He was so near dead that we hesitated, fearing he would die while introducing the tube; but, proceeding, we succeeded in getting it in, and by persistent efforts kept the child breathing; for many days it hovered between life and death, the heart almost ceasing to beat at times, but finally recovered.

Statistics, as far as I am able to obtain them, are as follows (Keating, "Cyclopedia of Diseases of Children"):

Tracheotomy: Cohen, 5,000 cases; about one recovery in four. Hospital St. Eugénie, Paris, 2,312 tracheotomies, 509 recoveries, or one in 4.54. At the Hotel des Enfants Malades, in 2,351 tracheotomies, there were 614 recoveries, or one in 3.82. Chayne, in 1,000 tracheotomies, gives the proportion of recoveries as one in four. Kronlein, 504 tracheotomies, 29.2 per cent. recoveries. Mastin, 863 tracheotomies, 26 per cent. Lovett and Munro, 21,853 tracheotomies for croup, drawn from all sources, 6,135 recoveries, 15,552 deaths, or about 29.2 per cent. recoveries, about one in four being the average.

Statistics of intubation are necessarily more meagre. Waxham's report in 1889 of 1,027 cases collected places the percentage of recoveries at 26.77 per cent. In the *Medical and Surgical Reporter*, of Philadelphia, April 27, 1889, Dr. Dillon Brown reports 27 per cent. of recoveries. In the same journal for February 22, Dr. Francis Huber reports 40 per cent. recoveries. Dr. O. Guyer, House Physician to the Children's Hospital, Zurich, Switzerland (*Medical and Surgical Reporter*, November 9, 1889), is reported as having twenty-seven cases with thirteen recoveries, 48 per cent.

From my own experience, and the number of successful cases that have come under my immediate observation, I should put the percentage of recovery much higher. My first case being successful, naturally encouraged me to try again; the next was unsuccessful, possibly due to neglect and bad hygienic surroundings—at least I felt at the time, and still think, it might have lived had it been properly nursed.

Case III received much relief from the operation, breathing easily for forty-eight hours, two days added to its life. In this case there was considerable hemorrhage, due to the accidental wounding of a blood-vessel in opening the trachea, ceasing, however, when the tube was introduced.

I wish to say at this point that the knife was used only to cut through the skin and fascia, a blunt instrument (usually a grooved director) taking its place to separate the muscles and scratch down to the trachea. This method renders this operation almost bloodless, seldom more than half an ounce of blood being lost, thus minimizing the shock.

I report the case operated on by Dr. Kearns for the reason that it was a patient of mine before and after the operation, the doctor being called in consultation, and due credit being given for the skillful manner in which it was done. This was another successful case, giving further encouragement.

Case V was so far successful as to relieve all the dyspnoea, the patient living four days, meeting me each day with a smile of encouragement, saying she felt better, death coming suddenly from heart failure while our hopes were high for recovery.

Case VI was a patient of Dr. F. Barker's, of Bellevue, Ky., and was operated on under protest, Dr. Barker and myself giving no hopes of recovery, but at the earnest solicitations of the parents I opened the trachea and introduced a tube. In closing the wound around it a peculiar accident occurred, which came near proving fatal. In passing the needle through a vein was punctured; the blood flowing freely for an instant; respiration ceased, artificial respiration restoring it, life being prolonged until the third day, dying from malignant diphtheria, and not from croup.

Case VII was another case of diphtheria with croup, living two days, to succumb at last to heart failure.

It will be seen that all my cases of diphtheritic croup died after tracheotomy, those intubated under similar conditions recovering. This would in-

dicate something lacking in the former method. What is the explanation? The shock in tracheotomy seems slight, the patient rallying promptly, but at the end of the second to the fourth day dying from diphtheritic infection. There can be but two reasons for the difference in success: one the shock, however slight, is a factor; the incision opening a new channel for infection the other. In the light of my own experience and the statistics of the two methods, I shall not feel justified in performing tracheotomy on a patient for pseudo-membranous laryngitis when it is possible to obtain a set of instruments for intubation.

[FOR DISCUSSION SEE P. 502].

#### ASSAFÆTIDA IN HABITUAL ABORTION.

Dr. G. Turazza (*Centralblatt für Gynäkologie*, No. 9, 1892) prescribes the gum of assafœtida in the treatment of habitual abortion, in the following formula:

℞ Gum of assafœtida, gms. 6 (3jss).  
Sufficient for sixty pills.

As soon as pregnancy is suspected two pills are administered daily, increasing the dose to ten per diem, and gradually diminishing the dose as the time for the labor approaches. The writer has treated four cases of habitual abortion in this manner successfully.

A Spanish writer recently read a paper before the Medical Congress of Barcelona (*Gaceta médica Catalana*), concluding from his studies that rheumatism may be one cause of habitual abortion, and recommended the use of anti-rheumatics—salicylic acid and its combinations, the iodide of potash, etc.

[Practitioners of other schools claim to have obtained good results in the treatment of a predisposition to abort by caulophyllum (blue-cohosh), actea racemosa (black-cohosh), helonias dioica (false unicorn). These are generally given in small doses, twice daily, from the cessation of the menses, until after the period when the accident usually occurs.—TRANSLATOR.]

—[Pritchard.]

#### REPORT OF A CASE OF LEAD POISONING.

Reported to the Grant Co. (Ky.) Medical Society, March 10, 1892,

BY

LOUIS DUNN, M.D.,

CORINTH, KY.

I wish to invite your attention to an affection not often encountered in a country practice, but when met may present symptoms very obscure—unless the source of the trouble is recognized—and endanger the life of the patient by its severity.

I can not better introduce the subject than by narrating the history of a case that came under my observation:

December 4, 1891, I was asked to see Mrs. Y., aged thirty-three, who complained of a cramp-like pain in the stomach, a dry mouth, and a sweetish, metallic taste. The border of the gums surrounding the lower incisor teeth presented a dark, blue line. On taking water or food a burning sensation was experienced. She was constipated. I obtained the following history: Five weeks previous to my seeing her she began working in a tiling factory, being engaged in brushing superfluous lead from the tiling. As this was brushed off the tiling, it was disseminated in the air, laden with a metallic dust. She continued at this work for three weeks when nausea and vomiting began, which lasted some days. She returned to her work but did not remain many days, owing to a recurrence of the symptoms. It was at this time that she came home and I saw her. With this history and these symptoms I diagnosed chronic lead poisoning. At first aromatic sulphuric acid 15 m. t. i. d. was given. She remained in this condition seven days, then began vomiting, at first once or twice a day, several days later very frequently. The matter ejected was composed of bile, mucus, water, and food. At times whitish curd-like masses were present. The pain and vomiting grew worse. Five days after the vomiting began she became very sensitive over the abdomen. The urine was scanty, specific gravity

high, being 1024-26 on different occasions, without at any time containing albumen. She experienced a violent pain in the back of the neck, a severe headache, photophobia, and an intolerance to noise. The pain in the neck gradually subsided under treatment, the headache persisting for weeks. Opium seemed to control the vomiting at first, but this was soon rejected by the stomach. Large doses of morphia were then given hypodermically. This controlled the pain in the neck and head. Allowed the administration of iodide of potassium, 4 grs. in several ounces of water, four times each day, each dose followed in two hours by  $\text{Zii}$  of sulphate of magnesia. This treatment for two weeks caused a disappearance of the gastric irritability and the intense pain in the head and neck. The iodide was continued in small doses for several weeks after this. The gingival line persisted for a month after the acute symptoms subsided. At present the patient is enjoying perfect health.

The most interesting and alarming symptoms in the case were the cerebral. What was the cause of these symptoms? Was this due to the morbid cerebral phenomena produced by chronic lead poisoning? I am inclined to think not. Encephalopathy manifests itself in insanity, delirium, convulsions, epilepsy or coma. It is, of all the disorders of lead poisoning, the most rare. It occurs in those exposed to large quantities of the poison. While the patient remained for eight hours in an atmosphere laden with a dust of the lead mixture, and ate her dinner in an adjacent room, the atmosphere of which was equally as poisonous, thus being exposed to the absorption of large quantities of lead by the lungs and digestive tract, yet the symptoms presented in this case seemed to be due to other causes. Several days previous to the advent of the cephalic symptoms she vomited enormous quantities of bile mixed with other fluid. She was a large woman, weighing over 200 pounds; yet her skin, at this time, presented a dry, wrinkled appearance, showing the great loss of water from the tissues. The urine was scanty, only eight to twelve ounces being passed in

twenty-four hours. This is not sufficient to secure the elimination of all the waste products that find exit by way of the kidneys. While the urine that was voided was loaded, yet I think there can be no doubt but that a certain amount was retained, which, with the congestion of the brain, produced by the vomiting, was sufficient to account for the cerebral symptoms. I gave more than one-half grain doses of morphia hypodermically before controlling the vomiting. By controlling the vomiting I was enabled to introduce water into the body, also to aid elimination of the metal by the use of sulphate of magnesia.

The report of Prevost and Binet of an exhaustive series of experiments relating to the effects produced by the salts of lead, are exceedingly interesting, and afford some valuable information: "The changes noted in the animals experimented on were a gradual loss of weight, in nearly every case, amounting to one-third of the original weight; anæmia by diminution and alteration of the red blood corpuscles; albuminuria, which was neither abundant or constant; certain nervous phenomena—paralysis, aphonia, loss of the reflexes and anæsthesia. Convulsions were rare. The paralysis tended to disappear if the administration of the poison was discontinued. Among the pathological changes contraction of the kidneys was the most constant. Frequently there was fatty degeneration of the liver, occasionally pericarditis, with at times granulo-fatty changes in the myocardium. The peripheral nerves underwent segmental degeneration, but the spinal roots were rarely attacked. Chemical investigation showed that the lead accumulated most abundantly in the kidneys. The amount accumulated in the kidneys was always in proportion to the length of time during which the animal had been taking the lead. Traces of the poison could be found long after it had ceased to be administered. Lead was found abundantly (as the phosphate) in the bones. The relative constituents of the organic and mineral matter were unaltered. The liver contained but little lead in those cases in which the administration of the poison



had been prolonged. It never accumulated in the liver as it did in the kidneys. Only minute quantities were found in the muscles, spleen, nerve centres, eyes, lungs, heart, pancreas, genital organs and the blood. In only one instance did a young animal, given birth to by a female undergoing slow poisoning, yield traces of lead. To study the mode of elimination of the metal, the saliva, bile and urine were examined. The saliva and urine contained but little lead, the bile considerably more; the slowness of the elimination being due to the slight solubility of the salts of lead. After the administration of the metal had been suspended for several months, a considerable amount was found in the kidneys and bones."

The most striking symptoms of chronic lead poisoning are obstinate constipation with cramps, loss of appetite, nausea, and vomiting of white, curd-like material, the color being due to the formation of chloride of lead with the acid of the gastric juice. The blue line in the gums is particularly noticeable in those individuals who neglect the care of their teeth.

Plumbism is a frequent cause of abortion. The wives of workmen, in lead factories, frequently abort, even when not exposed to the direct influence of the poison. According to the investigation of M. Paule, of fifty children born alive, nearly all died within a few years after birth, only fourteen reaching the age of ten years.

The tissues entering into the formation of the joints, and the muscular masses contiguous to them, are frequently the seat of intense paroxysmal pain, exhibiting exacerbations, and occasionally complete remissions. The analogy between the muscular pains and lead colic renders it probable that the pain is due to the specific action of the lead on the muscle substance.

If the individual be exposed for a long time to the action of the poison, paralysis may appear. This is a late symptom of the disease, and, as a rule, develops gradually. The muscles supplied by the musculo-spiral nerve are more often attacked than those of

the limbs, chest and back. Paralysis of the laryngeal muscles is occasionally observed, producing aphonia. Sensation is not affected, as a rule, in lead paralysis. Occasionally anæsthesia has been observed, both in the skin and the muscles of the trunk and extremities. Atrophy of the paralyzed muscles is constant and rapid.

When the poison manifests itself in any of its various forms, the immediate removal from a further poisoning is imperative. Measures aimed at the separation of the lead from the tissues and then its elimination from the body would be a rational procedure. The plan of treatment usually employed consists in the administration of iodide of potassium, 5 to 20 grs. in 6 or 8 ounces of water, several times a day, followed in several hours by 1 or 2 ounces of sulphate of magnesia. The iodide probably acts by causing a decomposition of the albuminate of lead, forming the iodide of lead, which is probably excreted by way of the kidneys. The sulphate of magnesia tends to remove any lead which may find its way into the alimentary canal by way of the bile or intestinal mucous.

In lead paralysis the galvanic or faradic currents should be employed. The galvanic current should be employed until the faradic will produce muscular contractions.

Persevering treatment is necessary to bring about the desired result in lead paralysis.

#### BROMOFORM IN WHOOPING-COUGH.

Dr. Cassel (*Medicinische Neuigkeiten*, No. 8, 1892) has treated thirteen cases of whooping-cough with bromoform. The number of attacks decreases quite perceptibly, and their intensity is also diminished, while the total course of the disease is not shortened. It should not be forgotten that bromoform is not entirely uninjurious, as three cases of poisoning by bromoform are reported in the literature, one of which ended fatally. The patient was a fifteen-months-old child, and the dose a dessert-teaspoonful.—[Pritchard.]

## Society Reports.

### ACADEMY OF MEDICINE.

#### OFFICIAL REPORT.

*Meeting of February 29, 1892.*

The President, GILES S. MITCHELL, M.D., in the Chair.

T. V. FITZPATRICK, M.D., Secretary.

DR. C. B. SCHOOLFIELD read a

*Report of a Series of Tracheotomies and Intubations (see p. 497).*

#### DISCUSSION.

DR. W. E. SHAW:

My friend Dr. Schoolfield is to be congratulated on having a success with intubation so much better than the average operator.

This subject of intubation is of very great interest to me as a general practitioner, living, as I do, in a neighborhood where diphtheria seems to be always endemic. Before the days of intubation, I have stood by and seen quite a number of children with laryngeal stenosis, when tracheotomy would not be entertained, die in the most horrible manner. Since using intubation I have seen but one suitable case where the operation was refused. There are but two points that I wish to mention:

First, in regard to one of the reasons that has been so often mentioned in favor of intubation, I think against it, viz., requiring no trained nurse. My experience has proven to me that almost any person with good intelligence can be readily taught to care for a patient with a tracheotomy-tube in its wind-pipe, but I do not feel safe with a case of intubation unless it is in the hands of a trained nurse, or under the almost constant observation of a physician. I have lost two cases within the last six months, which I believe could have been saved had it been possible for them to have been seen more frequently.

The other point is, that I believe as soon as the temperature begins to mount very high after introduction of the tube, that it should be removed, allowing the patient to more fully expecto-

rate the contents of the bronchi. With the tube in situ, in most cases the patient is unable to thoroughly expectorate on account of the imperfect closure of the glottis. This was most beautifully demonstrated in a case with Dr. Birchard, where the tube was introduced to relieve the suffocation of a child almost in articulo mortis from œdema of the glottis. No fever, but twenty-four hours after introduction the temperature ran to 104°. Tube was removed forty-eight hours after introduction, and temperature fell to normal. We were compelled to reintroduce the tube in a very few minutes after the child had emptied its lungs of large quantities of muco-pus. The temperature again went up, and the tube was taken out again in two days with the same result—fall of temperature—but the tube had to be introduced again, and so on, for four introductions.

The child made a good recovery. I have had nineteen successful cases out of fifty-seven cases. The most successful feeding in larger children is with some solid food, or having the child lie across the bed with its head over the bed rail, and drink fluids through a tube from a glass near the floor.

*Meeting of March 22, 1892.*

The President, GILES S. MITCHELL, M.D., in the Chair.

T. V. FITZPATRICK, M.D., Secretary.

#### *Traumatic Aphasia by Counter-Stroke.*

DR. JOSEPH RANSOHOFF reported the case of a goldsmith, forty-seven years of age, of fair habits, who, from domestic troubles, had become addicted to occasional spreeing. On the night of the 17th of February he was found at the foot of a flight of steps, bleeding freely from a wound over the right parietal base. With assistance he walked to his room, when it was found that the scalp wound extended to the periosteum, and was unassociated with fracture. Dr. Speidel, who saw him shortly afterward, found no fracture of the skull. In addition to the head injury, the patient had sustained a fracture

of the right clavicle and an extensive contusion over the right loin. The patient, although evidently conscious, was unable to communicate ideas. On the third day convulsions supervened, and to operate in case should the necessity arise the speaker was called in. The patient was perfectly conscious, although aphasic. He comprehended gesticulations perfectly and answered in kind. Given a watch, he examined it carefully. In answer to spoken questions he would string out a jargon of incomprehensible syllables, once in a while saying "yes," or "all right" without any meaning. His hearing was not affected, for he heard music, and when encouraged by gesture would whistle whatever was whistled before him. When the question "What is your name?" was placed before him in writing, he copied it *verbatim* without comprehending its meaning. On the right side of the face the lower muscles were slightly paralyzed. On attempting to expose the teeth or protrude the tongue the paresis was quite manifest. There was no other paralysis.

At the end of the third day convulsions supervened. The speaker saw one of them. It began in the region of the right side of the face with a twitching, which the patient tried to control by manual pressure. It extended to the neck, the right shoulder and arm, the body inclining to that side; then it became general, and unconsciousness and stertorous breathing supervened. The whole convulsion lasted only a few minutes.

The case presented points of unusual interest. There was no fracture on the right side, where the injury had been primarily inflicted. There could not be one on the left side by *contra coup*. Nor was there a supra-dural hemorrhage over the left third frontal convolution and the base of the Rolando fissure. For this would mean a slight hemorrhage, whereas blood-clots from the ruptured middle meningeal are usually large and cover a larger portion of the cortical area. Besides, there was no history of a lucid interval, no dilatation of the pupil, no stertorous breathing—nothing to indicate a compression-pro-

ducing lesion. There remains, then, only the probability—amounting to a certainty in the speaker's judgment—that the case was one of contusion of the brain about the Sylvian fissure, against the wing of Ingrassias, where contusions are common. This contusion involved the "speech" and "face" areas on the left side. The convulsions being of late development, indicated that slight inflammatory reaction had supervened. Had the contusion *per se* produced the convulsions, as is often the case, they would have developed earlier. Based on this diagnosis, absolute quiet was enjoined, and operative treatment not deemed advisable.

The convulsions lasted only twenty-four hours. The facial paresis disappeared next, and at the end of a week speech had gradually returned. Dr. Speidel has since informed me that the patient has recovered entirely.

#### DISCUSSION.

#### DR. C. G. E. SPEIDEL:

At about 12 p.m. on February 17 I found Mr. L. in a semi-conscious condition, bleeding from a scalp wound two inches long posterior to the right parietal eminence; upon further examination it was found that his right clavicle was fractured, and the soft tissues covering the crest of the right ilium were bruised. With the probe I could detect no fracture at the site of the wound. Besides this, and his inability to say anything excepting "yes" and "that's all right," nothing abnormal could be found. Pulse and temperature normal. His condition remained the same until the fourth day, when I witnessed several clonic spasms of the face on the right side. There was also a history of general spasms following those of the face having occurred during the night. Pulse 80, temperature 98.4° F. Upon whistling different airs to him he repeats them in the same key. The patient writes his name upon a piece of paper with his left hand, the other being bandaged, and expresses by signs his inability to talk. Heart and kidneys normal. He can walk, seems to know every one present, but soon grows tired upon little exertion. After a few days convulsions ceased, and after a few days

more he spoke more fluently and intelligently. On March 9 he called at my office, speaking perfectly and complaining of a little weakness. There being a history of his indulging in alcoholic excesses at times, I conclude that he fell accidentally on his right side, injuring the left cortical substance of the brain near the speech centres by *contra coup*.

Treatment consisted mainly in giving mental and physical rest, and light, readily digestible food.

DR. ZENNER:

I saw this patient the fifth day after his injury. He presented then the symptoms already described. He had had a number of localized spasms, each of about a half minute's duration, the muscles of the right side of the face being thrown into clonic spasms, the head and eyes turned toward the right. There was a slight paresis of right side of face and tongue. The most interesting feature was the speech disturbance. When I entered the room the man greeted me cordially, at least he shook hands heartily, but said nothing. I spoke to him, but he evidently understood nothing I said to him. He did not understand speech, but he could understand gestures. For instance, when told to put out his tongue he made no response. When I put out my tongue he imitated me immediately. When told to walk he did not move. When it was indicated by gestures that he should walk he did so immediately. That he heard, and that the hearing was preserved in each ear, was shown by Dr. Ransohoff's whistling experiment. When one ear was plugged, and he whistled very lightly in the other ear, the response was prompt.

I saw the patient again on the following day and at this visit took the time to make a more careful examination. He was already much better. He had had several spasms of the kind described, since, but the right facial and lingual paralysis was no longer manifest. He understood speech better and could speak better. But this understanding seemed to be covered with a veil, if I may so speak, which could sometimes be lifted, and again not. For

instance, at one time I asked him to walk, and he did so. Then I asked him to lift his arm, and though the words were repeated again and again he seemed not to comprehend their meaning. He was asked the name of objects. He was shown a key. He pointed to the lock, indicated by turning his hand the use of a key, and said "lock." Shown a lead-pencil, he said "on paper," and again indicated its use by motions. Occasionally he would get a name, either spontaneously or after it was mentioned to him, then each succeeding object, for a while, was given this name. When asked a name he always tried to help find the word by carefully fingering the object. On this day he also spoke better. A few brief sentences, as "call again," were readily spoken, but occasionally he would try to speak, and would get off a jargon not to be understood. I saw him again a few days later, when the only trace of the disease still noticeable was difficulty in finding proper nouns.

There is no doubt that in this case the brain injury was on the side opposite to the external wounds. Such *contra coup* injuries are not uncommon. In this case they were, probably, very slight, perhaps small extravasations in the cortex. Such slight damages, in part, perhaps, more a connective than structural change, may have been rather extensive. The symptoms point to the lower part of the central convolutions, the face and tongue centres as in part implicated. There is this that must be said as to the significance of the localized facial spasms. It has been found by experiment that of all motor centres the facial centre is most easily irritated. Slight electrical stimulus may produce such spasm when near, and not implicating the face centre. So in this patient it is possible the face centre was not directly damaged.

One part implicated was the first temporal convolution, for it is injury of this part which produces sensory aphasia. We owe to Wernicke the description and knowledge of this form of aphasia, different in manifestations and in the seat of lesion from the common form of aphasia, the motor, as

is more commonly called, the ataxia aphasia. Our patient presented this sensory aphasia, this type of which is termed word deafness. He could hear words, but he could not understand their meaning. As the result of not knowing what words meant he could not properly use them, and this was the cause of the motor aphasia in his case, which, in my opinion, was a secondary, not a primary condition. All the parts of the speech-centre are closely related, and dependent on each other, and it is very rare that there is a disturbance of speech of one kind without bringing other speech troubles with it. For instance, it is very rare that there is complete ataxic aphasia without written speech being also lost. So there is very rarely word deafness where the patient can speak properly, though one such case has been reported.

Word deafness, compared with motor aphasia, is rare. I saw one interesting case of this kind in Meynert's ward, in Vienna, where the patient was supposed to be insane on account of her peculiar condition. In this case an autopsy revealed softening of the first temporal convolution. I have also seen a few such cases in private practice, and have at present an interesting case at the college.

DR. KIELY:

I merely wish to mention an observation made during my term as work-house physician. It was a common occurrence for an individual who drank to excess and was attacked with convulsive seizures to be sent to the hospital for treatment. Now, these seizures were nothing but the common whisky or alcoholic fits. Now, as this man was under the influence of liquor at the time of the accident, it is highly possible that the convulsions were merely alcoholic fits. Before I take my seat I wish to congratulate Dr. Ransohoff upon his strength in resisting the use of the knife in the case reported. This shows that the doctor is not only a great surgeon, but as great and skilled a physician.

DR. C. B. SCHOOLFIELD:

I have a case of aphasia under my care at present. Kussmaul has divided

speech into three parts, viz: Formation of an idea, formation of words to express the idea, and articulation. In this case it seems that the patient was able to speak, but lacked the power to express his idea into spoken language. He was not paralyzed, but unable to formulate his idea. The symptoms in the case under my care are the same. I recall a case of aphasia in which the patient became slightly paralyzed, and lost in corpulency for about a month. When she was almost recovered she was seized with convulsions, first in the face, then in the arm and entire right side of the body. This, in all probability, was due to thrombus. The diagnosis of the case reported is as near correct as we can make it.

#### INFLUENZA.

Dr. Ketcham (*Med. News*, January 5; *Münchener med. Wochenschr.*, No. 10, 1892) has obtained good results from the simultaneous administration of phenacetin and sodium salicylate, each three decigrammes (five grains), at first every two and then every three hours. Their action is certain, with no disagreeable side-action.

The *Medicinische Neuigkeiten*, No. 7, 1892, mentions among the remedies used in influenza: Salipyrine, tincture of eucalyptus; Dr. Ringk recommends natrium sulphurosum as nearly a specific; Dr. Lorenz praises inhalations of a 2 per cent. ichthyol solution; Dr. Iselin speaks highly of creasote, and would have it employed in large doses—one to five grammes (fifteen to seventy-five drops) per diem.

#### A FORMULA FOR SYCOSIS.

Dr. Rosenthal (*La Semaine médicale*, No. 11, 1892) speaks highly of the following salve in the treatment of sycosis:

R	Tannin,	gms. 2 (grs. xxx).
	Lactate of soda,	gms. 5 (3j¼).
	Oxide of zinc,	aa gms. 15 (3iv).
	Powd. starch,	
	Vaseline,	gms. 40 (3j¼).

Apply this salve twice a day upon the previously well-shaved parts.

—[Pritchard.]

# PHILADELPHIA COUNTY MEDICAL SOCIETY.

OFFICIAL REPORT.

*Meeting of March 9, 1892.*

The Vice-President, DEFOREST WILLARD, M.D., in the Chair.

DR. BENJAMIN T. SHIMWELL read a paper on

## *A Scientific Cure for Hernia.*

All methods devised for the radical cure of hernia seek to reach their object by obliteration of the cannal, and by this plan to retain the protruding gut. This is the treatment of effect, not cause.

While fully recognizing the comparative frequency of this trouble, we must not overlook the fact that it is in the minority. As we are all subject to the same exciting causes, we should look for some anatomical reason that will explain its occurrence and non-occurrence, and why after operation, where fibrous tissue in apparent quantity existed, return was possible. There must be more than the production, or rather reproduction, of a canal from the abdomen to the scrotum to account for it.

The first thing, then, to consider is not the inguinal rings or canal, but the intestines the prime factor in the case.

The intestines are not a tube lying perfectly free in the abdominal cavity to be pushed here or there, making pressure at this or that point. If they were attached but to the pyloric end of the stomach and to the anus, then it could readily be seen how intra-abdominal pressure could possibly rupture any weakened point in the belly wall, with consequent protrusion of the gut. Instead of being so arranged, their position and action are limited by the folding around them of the peritoneum forming the mesentery.

Careful examination of the body in the dead-room fixes a normal relative position for this limiting membrane. Its point of attachment to the parietes begins to left of the second lumbar vertebra. Its insertion then follows a line obliquely downward and to the right, to attach itself on the right iliac fossa.

Its average length is eight inches; an increase above this is an abnormal state, and on this increase in length depends the production of hernia. The examination of numbers of bodies has proved, beyond cavil, that when a normal condition of the mesentery exists it is impossible to drag the gut into the inguinal or femoral rings.

Is it scientific to say it is chance that prevents the whole human race from having hernia? Also to lay it to firmness attachments of the opposing surfaces of the inguinal canal or the structures that cover a present hernia? The pushing forward of the superimposing layers of tissue and separation of the obliterated canal speak ill for its preventive power. If they are preventive, then the sudden rupture would give us more serious consequences in primary protrusion than experience shows. The canal does not show the after-conditions that follow usually from tearing, which would be excessively marked here if strong union had taken place. Neither subjective or objective symptoms are present. It is coaptation, not union with firm tissue formation.

It is clear to my mind that the normal length of the mesentery is the preventive factor in the non-production of hernia. If not so, then no one would escape. The exigencies of life and our surrounding conditions are such that all of us at times are subjected to violent strains, giving rise to intra abdominal pressure sufficient to rupture the internal openings, and to allow the gut to enter the canal.

If these assertions are true, then any operation which has been suggested does not prevent, but modifies. Therefore, any procedure seeking to prevent hernia, by obliteration of the sac, does not cure. The possibility of return exists.

What is the rational treatment? The opening of the abdomen and shortening of the mesentery. The width of the mesentery does not increase in adult life, but the length is liable to.

The opening of the abdomen and shortening of the mesentery may be objected to on the ground of possible risks. The safety of the operation of abdom-

inal section is settled. The shortening of the mesentery offers no objections. It may be said that the blood supply of the intestines may be interfered with. Careful experiments show the reverse.

Further, to prove that peritoneal inflammatory changes do not affect the blood-supply, is instanced in the omentum after diffuse peritonitis. Operations during the acute stage and post-mortems have shown me conclusively the possibility of contraction occurring without strangulation. In every case of acute peritonitis, unless adhesions have taken place, or, in fact, any case where the omentum has been much handled, we always find it drawn up to its gastroduodenal attachment as a knotted mass. Still its vitality is maintained. Also, the invaginated mesentery into the divided bowel, in the operation of intestinal anastomosis, does not lose its vitality by contraction and inflammation. Here there is not only change by contraction due to the invagination, but also thickening from the inflammatory products thrown in and about its attachment. That this portion of the mesentery still supplies the bowel with blood is proven by the number of experiments I made, to show that division of the mesentery at the point of invagination caused gangrene. This proves that though changed in its structure pathologically, it does not interfere with its nutritive function as a carrier of blood.

It is understood that the value of an operation lies as much in its freedom from risks as in its ability to maintain its advantages when successful. The freedom from risk has been one of the so-called advantages claimed for the radical cure suggested. Can this be truly said of these methods? It is not always in the province of any operator to say when the operation is finished that he has not divided the spermatic duct. This is not recognized in unilateral operations, providing the other organ and duct is viable, but if not, or if in any subsequent time inflammatory change takes place, it is plainly seen the disadvantages that would arise. There is also the possible atrophy of the testicle from injury to its nerve-supply.

Then, again, sharp attacks of peritonitis have occurred with consequent changes. There is a law of serous cavities that is definite: "Any inflammation, unless limited by adhesive contact, is diffused over the whole surface." This will hold as good here as in an operation done through section.

The longest part of the mesentery is usually confined to about five feet of the bowel included in a space beginning at point six feet from the duodenum. If this is above the average length it is apt to hang into the pelvis, and is, in all probability, the portion protruded. It is but reasonable to suppose it is the same loop that is recurrent in its extrusion. There would be no difficulty in locating this portion, as the hernia would be present.

The shortening is done by folding the mesentery over on itself, and holding it in this position by interrupted sutures. The intestine can be delivered, folded, sutured, and then replaced, and successive portions so operated upon. This is a step that of necessity requires expertness in handling the intestine that is only got by practice. The delicacy of the mesenteric tissue is understood. The union of the attached surfaces is rapid, and having been so shortened there is no possibility of relengthening. Experiments, operations and post-mortems in cases which had peritonitis show persistent shortening of the mesentery, the intestines being drawn nearer the spine.

The operation can be done perfectly aseptic, obviating risks. The bowel is not injured. It is done quickly, closure is made, and the patient out of bed in a few days.

#### DISCUSSION.

DR. JOSEPH HOFFMAN:

Dr. Shimwell's suggestion can certainly claim the merit of being new, but any procedure which strives to cure hernia by it must fail. If the portion of bowel that presented was always the same, the procedure might be logical. It is, however, founded upon a false conception of the condition present. These conditions probably do not obtain in the greatest number of cases, and consequently the methods cannot be really a cure for the condition. Other

things besides the bowel may constitute the hernia. In woman, the ovary may be present. The appendix may get into the ring, and shortening of the mesentery will hardly cure that. Further than this, the omentum may constitute hernia. This is a prolific cause of hernia. It is probably at the bottom of most hernias primarily, and in many cases it precedes the bowel. We often find nothing in the ring. Strangulation has occurred and the gut slipped back, and the strangulation is back of the ring.

So far as considering shortening of the mesentery as a cure for hernia, we must understand what we mean by cure. Those who have done the most radical operations for hernia are not bold enough to say that they have cured a case—that is to say, so cured it that it will not come back. It cannot be held that such an operation will cure the predisposition for lengthening of the mesentery. So far as shortening of this tissue by inflammation is concerned, that is entirely theoretical. We cannot say that because the mesentery is thickened, it is shortened. The suggestion, while it has apparently a foundation in fact, must be taken entirely as experimental, and experimental in the line that it is not likely to be followed by practical results.

DR. GEORGE E. SHOEMAKER:

It is easy to decry anything which is unusual, yet every method must stand on its own merits. No consideration of this subject is complete which ignores the congenital defects of the ring, since these are at the bottom of many hernias. We find congenital hernia in the very young. Later in life the rings may be too large and weak from congenital defect, although no hernia is present, but a strain is suddenly thrown upon the parts and a hernia is produced. Such a shortening of the mesentery as would draw the intestine away from the abdominal wall is inconceivable under the physical laws which control intra-abdominal pressure; and with the intestine in contact with a weakened point protrusion is always possible.

DR. T. S. K. NORTON:

Several years ago, a London surgeon—I think Mr. Morris—wrote quite an

elaborate thesis on the subject of the mesentery and its relation to hernia. He apparently demonstrated that in the cases of hernia which he had examined there was distinct lengthening of the mesentery, which seemed to be peculiar to such cases. He found this in the very young, and he urged that the lengthening of the mesentery had a great deal to do with the occurrence of the hernia. I have seen this statement incorporated in one or two text-books, and it seems remarkable that no one has before this thought of suggesting the operation of doubling the mesentery on itself to prevent the occurrence of hernia. I understand that Dr. Shimwell has done this operation upon animals with satisfactory results.

In this connection the recent suggestion of Mr. Tait in regard to treatment of hernia by abdominal section, comes up with special force. If, as Mr. Tait tells us, it is exceedingly easy to draw the hernia back even when tightly strangulated, and if, at the same time we can shorten the mesentery and cure the hernia, and also deal with any prolapsed omentum, it would be a distinct advance in surgery. The method is not applicable to all cases of hernia. If the operation has any field it is in inguinal, and especially in femoral hernia. Dr. Shimwell has thrown out a very valuable suggestion, and I should hesitate very much to condemn the method until I had heard more about it.

DR. SHIMWELL:

I did not attempt to apply this method to all hernias. I think that any case in which the hernia can be maintained by a truss should not be operated upon. The method was suggested for those cases in which a radical cure was indicated. The method, of course, is applicable only to intestinal hernia. When we find omentum in the sac we do not hesitate to remove it. In peritonitis the omentum is contracted, and is found high up in the peritoneal cavity, and is of no use. The occurrence of congenital hernia is no objection to the method. The difficulty may not be originally in the canal, but the lengthened mesentery may permit the bowel to so press upon the canal as to weaken



it. It seems folly to tinker with the canal and not try to remove the cause.

DR. A. B. HIRSH read a paper on  
*Scrotal Hernia Reduced After Three Weeks' Manipulation.*

To illustrate the value of massage in this condition I here report the brief notes of a case recently occurring in practice:

A. L., aged forty-seven years, of medium height and sparely built, is predisposed to hernia because of his laborious calling, being a boiler-maker. In 1872, after lifting some weighty object, the gut descended through the right inguinal canal, appearing at the external ring. A proper support was immediately applied. As, however, no pain or inconvenience was felt, he gradually omitted wearing his trusses (of which a variety were used), so that the tumor finally became scrotal; although always reducible. Six years ago he first noticed that he could no longer return the mass, and he therefore left off the truss altogether; but at no time previous to last fall did it give him any concern, as the bowels always acted normally, and he was able to follow his trade without interruption.

Although for some years in attendance on the family, it was not until November last that I first learned of the existence of the hernia, and then he was already laboring under symptoms of obstruction. Prolonged efforts at reduction were of no avail, so that I advised radical measures. The scrotal mass evidently contained omentum as well as gut. He had been for three days without movement from the bowels, although active purgatives had been repeatedly taken, and fecal vomiting had begun some hours before my arrival. To the operation of herniotomy he objected decidedly, insisting on palliative measures alone, so that I was bound with misgivings to accede. High irrigation by the rectal tube was done, carminatives given, the intestinal tract acted on by active salines and cholagogues, with relief to the fecal vomiting and more urgent symptoms. This purging was followed up daily for nearly a week, ice-bags constantly ap-

plied over the tumor, the foot of the bedstead elevated, and a diminished semi-solid diet allowed. Then the services of a masseur were called into requisition, seeking to loosen up any scrotal attachments of the mass, while I saw the patient only at occasional intervals to direct the cause of pressure by the manipulator, and by three weeks longer efforts the entire mass was returned into the abdominal cavity for the first time within six years.<sup>(1)</sup> Every troublesome symptom had disappeared, and, by wearing his ordinary retentive truss, he was again able to follow his ordinary occupation.

I wish, in conclusion, to briefly emphasize the facts that in some cases of hernia of long standing, unreduced, it may be presumed that adhesions had formed within the scrotum.

In such instances, where operation is declined, or the condition of the patient prevents it (providing a diagnosis of acute strangulation can be excluded) continued taxis may relax the parts or lengthen or break the adhesions, and allow of a reduction of the abdominal contents.

#### DISCUSSION.

DR. CHARLES P. NOBLE:

Last year I saw, in consultation with Dr. Van Buskirk, a woman who had fecal vomiting. She had a femoral hernia which had been strangulated for four days; she also had chronic bronchitis, and had a large goitre. Efforts at taxis had been made repeatedly without success. Operation was advised, but in view of the duration of the strangulation and the presence of bronchitis and goitre, the prognosis was unfavorable, and the family declined operation. The hernia remained down some days longer and then went up of itself, and the bowels moved, and apparently the woman was going to get well, but the prolonged obstruction had produced so much asthenia that she died of pneumonia. An interesting point is the length of time the bowel was down and then returned spontaneously.

<sup>1</sup> I should state that each daily séance lasted about half an hour.

## DR. M. PRICE:

I admire Dr. Hirsch's confidence and energy, but I do not admire the treatment. The other night I was called to Trenton, N. J., to operate on a gentleman who had been treated for four or five days by a homœopath for stomach trouble, and was vomiting feces. Another physician being called found an inguinal hernia and telegraphed for me; I immediately etherized the patient and cut down upon the hernia, which was not even discolored. It was down in the scrotum; it had been there for months. It was not strangulated, although tightly held at the inguinal ring. A mass of hardened feces in the bowel was the cause of the obstruction; there were no adhesions anywhere. I am confident that Dr. Hirsch had an obstructed but not a strangulated bowel. Most cases of strangulated hernia end in death no matter what procedure is adopted; I have never seen a case where four or five inches of the bowel were gangrenous, recover. Obstructed or incarcerated bowel is really the condition which is reported strangulated hernia.

The idea that a hernia can be easily reduced through the median incision is a mistaken one. I operate in the median line for doubtful femoral and inguinal hernia—that is, where there is a little tumor in these situations without evidences of incarceration. In such cases I have never been able to reduce the hernia from the inside; I have had to cut down over the tumor. In doing that you have an excellent chance for making a radical cure. I have operated on a number of cases in this way, and there has been no return of the hernia.

## DR. JOSEPH HOFFMAN:

Some years ago I had a case of inguinal umbilical hernia in an old lady, who had been seen by probably a dozen men; I was called in and I massaged that hernia four days, and I thought I had cured it. In two or three days I was called, and found that the patient was vomiting fecal matter; the trouble was that the hernia had returned *en masse*. This case shows the danger of attempting to cure strangulated

hernia by manipulation. We may reduce the hernia without relieving the obstruction. Where the hernia has lasted for any length of time it is not safe to try to reduce it. Some two months ago I had a case where, if I had attempted to withdraw the hernia, I should have drawn back first a strangulated bowel nearly gangrenous with two inches of gangrenous omentum and two or three ounces of gangrenous fluid.

## DR. HIRSCH:

I should not advocate massage as a universal remedy in recent or old hernia. In this case it was applied because the family refused more radical procedures. The hernia having remained in the scrotum for six years, it is certainly fair to conclude that adhesions had formed, and the fact that three weeks were required in separating the structures and in returning the mass makes one believe that there must have been adhesions to stretch. I was careful to mention that it was an obstructed bowel, and not that actual strangulation had taken place.

DR. WILLIAM EASTERLY ASHTON read a paper on

*A Successful Case of Lateral Anastomosis of the Ileum for Malignant Stricture, with a Discussion of the Operative Technique.*

I saw the patient, Mrs. E. C., for the first time on November 27, 1891, in consultation with her physician, Dr. Thomas Curry, of this city. She gave the following history: Twenty-eight years of age, and married nine years. She had had five children at term and two miscarriages. Three years ago, when five months pregnant, she fell from the window of the second story of her house, striking with her back and occiput upon the pavement below. This accident resulted in a slight uterine hemorrhage, but the pregnancy was not interrupted, and she went to full term. Shortly afterward, however, she began to suffer from epileptic attacks. These continued up to eighteen months ago, since which time she has been entirely free from them. On August 20, 1891, she was delivered of a hydrocephalic

child. The labor was natural, and was not followed by any puerperal complications. At this time she was in excellent health, and weighed 185 pounds. Shortly after getting up, however, her health began to rapidly fail. She began to have frequent attacks of violent abdominal and pelvic pain, preceded by the movement of gas in the intestines. Her abdomen was always greatly distended, which added to her discomfort. There was obstinate constipation, and the bowel movements could only be induced by purgatives and rectal injections. These movements were always small in amount, and caused a great increase in the abdominal pain and tenderness. She had constant nausea and vomiting, and the abdominal distention was increased after taking food. She continued to lose weight and strength, and suffered from night-sweats. Seven weeks after her confinement her menstruation appeared, but it has not recurred since. Her weight at the time I first saw her had been reduced to 115 pounds.

On examination, I found the abdomen distended below the umbilicus. It had the appearance of a round tumor, filling up the lower part of the abdominal cavity. The abdomen above the umbilicus, although distended, was not greatly so. Percussion gave a tympanitic note over the entire abdomen. No tumor could be felt on palpation. Indigation gave negative results. As I was unable to demonstrate by my examination the existence of a new growth, I looked upon the cause of the chronic obstruction as being due to intestinal adhesions, the result of a localized peritonitis. Cœliotomy was, therefore, urged, and consented to by the patient.

*Operation.*—Cœliotomy was performed at the Polyclinic Hospital on November 30, 1891, Dr. J. H. Gibbon, senior resident of the hospital, and Mr. Louis J. Borsch assisting in the operation.

Upon opening the abdomen, which was done in the median line below the umbilicus, the omentum was found adherent to and blocking up the entrance of the pelvic cavity. After freeing these adhesions, the pelvis was examined, and

its organs found to be in a normal condition. The small intestines were greatly distended and adherent to each other at several points. These were then carefully separated. Up to this stage of the operation the conditions found seemed to confirm the diagnosis of an old peritonitis, resulting in intestinal adhesion. The existence, however, of the distention indicated a stricture at some point in the bowel, due either to additional adhesions or a new growth. With this view of the case in mind, the examination was carried still further, and resulted in finding a large cancerous mass situated in the ileum and involving the mesenteric glands. At this point the stenosis of the gut was so marked that it was with difficulty the gas could be pushed through it. As the cancerous involvement was extensive, any attempt at resection would have dangerously prolonged the operation without giving the patient the slightest chance of permanent relief. It was therefore decided to perform a simple lateral anastomosis without resection. Ten inches of the ileum on each side of the stricture were stripped of their contents, and a ligature of soft rubber tubing passed through the mesentery and tied around the gut at each end, to prevent the regurgitation of the intestinal fluids. The field of operation was then protected by packing carefully with gauze pads. Two openings into the intestine were then made, one upon each side of the stricture, and both about three inches distant. The excluded portion of the gut was then thoroughly irrigated through these openings. In making the anastomotic communication I used the solid rubber rings, and, to add further to the security of the parts, "the right-angle continuous suture" was carried entirely around the anastomosis. No irrigation of the abdominal cavity was employed, and the abdomen was closed without drainage. The entire operation lasted twenty-five minutes, and the patient was placed in bed with a pulse and normal temperature.

*After-history.*—The patient made an uninterrupted recovery, and was discharged from the hospital in twenty-eight days. The temperature was nor-

mal throughout her convalescence, except on the day following operation, when it reached  $100.4^{\circ}$  F.; the pulse on the same day was 100 per minute—the highest number of beats during her stay at the hospital. A hypodermatic injection of morphine and atropine was given immediately after the operation, and repeated on the second and third day, as the patient was somewhat restless. The patient for the first three days was nourished with nutrient enemata, and then food was given by the stomach. The bowels were freely moved on the fourth day, following the administration of calomel. There was no tendency to constipation at any time. The rings were passed on the eighteenth day. They were discharged whole, their segments not having become separated.

Immediately after operation the abdominal pain and distention entirely disappeared and remained absent throughout her stay at the hospital. The patient vomited only once, and then on the twelfth day following the administration of salts. At the time of her discharge she had gained decidedly in weight and strength, and was free from all her previous symptoms.

The patient was seen by Dr. Curry on the 24th of last February, three months after the operation. She had improved steadily in health; her bowels had moved naturally every day; there had been no vomiting, and the abdominal pain and distention had not returned. She had gained thirty-five pounds in weight since the operation. On the 10th of February her menses returned, after an absence of four months.

I shall pass at once to the discussion of some points of importance in the technique of lateral anastomosis.

*The rings employed.*—Those used in this operation were made of solid rubber cording, and were devised by Dr. Baldy and myself, and employed by us in our experiments upon dogs. The advantages of these rings have been fully discussed in our paper upon "Experimental Studies in Intestinal Surgery,"<sup>(1)</sup> and I

shall not refer to them here. Recently I have modified these approximation rings, doing away, I believe, with the only real objection that could be advanced against them, namely, that they allowed too small an opening between the intestines. As I now make them they are oval in shape instead of being round, as they were originally. This is accomplished by means of a strand of catgut fastened across the ring at each end. They have six ligatures attached, in place of four; and the segments of which the ring is composed, as well as the threads, are held by means of catgut. With a ring of this kind an anastomotic opening may be made in the intestine, oval in shape, and having the following dimensions: one and three-fourths inches long, one-half inch wide at the centre, and one-fourth inch at either end.

*Additional sutures about the anastomosis.*—It is now generally held by operators that additional sutures about the seat of operation give greater security to the parts and lessen materially the dangers of leaking. For this purpose I employ the "right-angle continuous suture" of Cushing, using a simple knot for its beginning and ending, as advised by Keen, instead of the original complicated method. This suture may be introduced with great rapidity, and holds the serous surfaces together with accuracy. It is good practice to carry this suture completely around the anastomosis in order to be sure that there will be no leaking at any point.

*Cleanliness during the operation.*—It is impossible to do an ideal aseptic operation where the intestines have been opened. If, however, the parts be kept carefully cleaned, there will be practically but little danger of septic infection following. Those of us who do abdominal work must have frequently observed how quickly a blood-clot or other foreign material becomes adherent to the serous surfaces of the intestines, and with what comparative difficulty it is removed. No amount of subsequent irrigation will suffice to detach some of these adherent particles, and it is necessary to pick them off

<sup>1</sup> Proceedings of the County Med. Soc. (Phila.), vol. xii, 1891.

with the fingers. How easily, under these circumstances, a small particle of septic material may be overlooked and become the centre of an infection can be readily understood. To prevent the danger of this source of infection the seat of operation should be frequently douched, during the operation, with warm sterilized water. This I believe to be a most important point in the technique of these cases. It certainly can do no harm, and it not only keeps the parts clean, but it at the same time lessens the dangers of shock by keeping the intestines warm.

*Rapidity in operating.*—In no field of surgery is time as important a factor for success as in abdominal operations. A surgeon may have the most profound knowledge of the subject, he may deal with all the accidents and complications which may arise with rare judgment and decision, and yet his results will be bad unless his operations are rapidly performed. Good results in abdominal surgery mean rapid work—that is, no shock, no ether-saturation. Park,<sup>(1)</sup> in discussing those sources of septic infection not concerned in the wound itself, throws out a most valuable hint bearing upon this subject. He says: "There is good reason to think that chloroform and ether administered for some time may produce such changes in the blood and tissues that vital processes of repair, cell-resistance, and chemotaxis may be so far interfered with as to facilitate subsequent infection."

*Feeding after operation.*—The tendency of most surgeons to delay giving food by the mouth, and their reliance upon rectal feeding are, I am convinced, mistakes in the early after-treatment of cases of anastomosis. If we employ, in our operations, rings which closely approximate the surfaces of the viscera and use additional sutures around the seat of anastomosis there can be no reason to doubt the security of the parts. It seems improbable, under these conditions, that the natural peristaltic action of the intestines would be sufficient to cause leakage. To throw

light upon the question of early feeding after intestinal anastomosis, I shall refer to the following cases of gastro-enterostomy. Brookhouse and Taylor<sup>(1)</sup> report seven cases, with three recoveries and four deaths. In the cases which recovered, feeding by the mouth was begun on the second day. They considered early feeding as a most important factor in their successful cases. Page<sup>(2)</sup> reported a series of thirty-six cases with fifteen deaths, which were in most instances due to exhaustion. Beaston<sup>(3)</sup> reports two cases of very great interest as bearing upon the necessity for early feeding by the mouth. The first case did well immediately after the operation, but died on the fourth day from asthenia; food and stimulants were not given by the mouth until a few hours before death. The second case was extremely weak and exhausted at the time of operation, but, nevertheless, made a good recovery. This patient was given thirty drops of brandy every hour by the mouth as soon as he came out of ether, and next morning feeding by the stomach was begun. In his remarks upon these cases he says: "Do not place too much reliance upon rectal feeding. Food in small quantities should be given early by the mouth, for in this way only can the tendency of death from asthenia be successfully combatted." Jesset,<sup>(4)</sup> in speaking of the report of seven cases with two deaths, one of which was on the sixth day and the other on the seventh, both being due to exhaustion, says: "Both would have recovered if fed earlier."

There can be no doubt that exhaustion is the cause of death in a large number of these cases as well as in anastomotic operations in other portions of the intestinal tract, and it is impossible, with rectal feeding alone, to prevent the fatal issue. In those cases which are seen early by the surgeon and are not exhausted, the question of early feeding by the mouth is not of first importance. On the other hand,

<sup>1</sup> *London Lancet*, 1891, Vol. I, p. 718.

<sup>2</sup> *Ibid.*, 1889, Vol. II.

<sup>3</sup> *Ibid.*, 1890, Vol. II, p. 761.

<sup>4</sup> *Ibid.*, 1890, Vol. II, p. 68.

<sup>1</sup> "Wound Infection," etc., *American Journal of the Med. Sciences*, November, 1892.

however, cases which are weakened by their disease should be given food and stimulants by the stomach at the earliest possible moment after operation.

*Closure of the anastomotic opening.*

—One of the gravest questions in intestinal surgery is the danger of subsequent closure of the artificial communication. This question can not be settled until we have examined the seat of operation in a large number of cases which have recovered from the operation, but who have died subsequently at various periods of time. Although, as yet, but little has been done in this direction, still there have been a few such examinations made which may be referred to with advantage. Larkin<sup>(1)</sup> reported the results of a post-mortem examination upon a patient of his own who died five months after he had performed a gastro-enterostomy for malignant disease. He found upon filling the stomach with water that it passed into the duodenum through the pylorus, but would not pass into the intestine through the artificial communication. After opening the stomach he failed to detect any trace of the anastomosis. He then opened that portion of the jejunum which had been attached to the stomach, and was able, with a fine probe, to pass into the latter. The malignant disease had not involved the seat of operation. Jessett<sup>(2)</sup> lost a case on the fifth day after performing a gastro-enterostomy, and found upon post-mortem examination that the artificial opening was quite patent and healthy, and that the bone plates were nearly digested. Sainsbury<sup>(3)</sup> lost a case on the second day after performing a gastro-enterostomy. The examination of the stomach after death showed a closure of the opening. He says: "The opening into the jejunum was patent when probed by the finger; but that there was an impediment, which must have been valve-like, is proved by the distended stomach, and the fact that water injected into the stomach before dissection did not escape into

the jejunum." In this case rings or plates were not used, the anastomosis being made by a double row of sutures. Beaston<sup>(1)</sup> reports two cases upon whom he made post-mortem examinations following gastro-enterostomy. One of these patients died on the fourth day following operation. He found the bone plates "greatly acted on by the digestive fluids, being reduced to the thickness of the thumb-nail and broken up into small pieces both in the stomach and bowel. The knots of the uppermost lateral threads were plainly visible, owing to the serous surfaces having fallen apart probably on losing the support of the bone plates." The artificial opening he found would admit the forefinger. The second case died in four weeks after section from acute lung trouble. The artificial opening was found to be oval in shape, with smooth and regular borders, and barely admitting the index finger. Keen,<sup>(1)</sup> in referring to a case operated upon by Dr. Abbe, in which a lateral anastomosis was made, says: "The opening was large, and seemed ample. The patient died some months later, and it was found that the opening had narrowed and contracted so that ultimately there would have been complete obstruction."

In all of the cases just mentioned the incisions into the intestine and stomach were ample, measuring from one inch to one inch and a half in length. With the exception of Dr. Abbe's case the bone plates were used in all of them.

There are several factors concerned in causing a narrowing of the artificial communication following lateral anastomosis. First, the natural tendency of the tissues themselves to retract; second, the contraction of the cicatrix following the healing of the incision; third, the direct union of a part of the incision due to the immediate contact of its edges; and fourth, the opening into the bowel not being sufficiently large or of a proper shape.

The first of these causes cannot be

1 *Ibid.*, 1891, Vol. II.

2 *Ibid.*, 1890, Vol. II, p. 68.

3 *Ibid.*, 1891, Vol. pp. 18-20.

1 *Ibid.*, 1890, Vol. II, pp. 761-764.

2 Proceedings Phila. County Med. Soc., 1891, Vol. XII, p. 93.

avoided, as contractility and retractility are inherent properties of these structures. To prevent the contraction of the cicatricial tissue, Jessett<sup>(1)</sup> and Clarke<sup>(2)</sup> advise sewing together by a continuous suture, either of silk or catgut, the cut edges of the serous and mucous coats of the incised viscera. This brings the raw surfaces together, and is followed by direct union—an important fact, as it does away, to a great extent, with the formation of a cicatrix. This method of dealing with the edges of the incision will also prevent the danger of union from direct contact. Direct union of the cut edges of the bowel, as a cause of closure of the opening has, I believe, been overlooked by surgeons. Its importance, however, can hardly be questioned. For instance, the case of Larkins, quoted in this paper, goes a long way toward the support of this theory. For how else could we explain the fact that five months after section the opening only admitted a fine probe, unless we admit that in the beginning the edges became in part united. Again, Mr. Larkins performed a jejunostomy upon this very patient nine weeks after the gastro-enterostomy, on account of symptoms of closure of the artificial opening, and she was then kept alive by feeding directly into the jejunum. It is hardly likely that a large incision in nine weeks could become closed by the retraction of tissues and the contraction of the cicatrix alone. Furthermore, Beaston's two cases both point in the same direction—one dying on the fourth day, and the opening only admitting the forefinger, while the other barely admitting the index finger at the end of one month. In all of these cases long incisions were made, and their rapid narrowing certainly teaches us a lesson. I do not for one moment wish to be understood as stating that direct union of the edges is the only factor in the case, but I do wish to emphasize its importance as a cause. Dr. Keen<sup>(3)</sup> has

made a suggestion of great practical value in the technique of lateral anastomosis. He advises, instead of making a simple slit, to pinch up the bowel and remove an oval piece. This plan, he believes, would lessen the danger of contraction taking place. While I do not believe that this suggestion would in any way lessen the amount of contraction, I do believe that it would, by lessening the danger of direct union of the cut edges, prevent to a great extent the tendency to closure. Another point of importance is, as suggested by Jessett, to pass the lateral sutures of the ring as close to the edges of the opening as is consistent with safety. In this way the edges of the incision are kept wide apart. The length of the incision for an anastomosis should be from one and a half to one and three-quarters of an inch. An opening of this size, made oval in shape and having its mucous and serous edges united by a continuous suture, offers, I believe, the best chance of remaining permanently patent.

My experience has been that it is extremely difficult to cut out an oval piece of gut with scissors, as the opening is apt to be irregular or larger than we desire. I saw a well-known operator make this mistake, and he was obliged to narrow the opening by stitching it across with catgut. To overcome this difficulty I have devised a steel punch for the purpose. With this instrument we are able to make the opening of a definite size and its borders clean and sharp—factors of great importance. The incision is oval in shape, one and three-quarters of an inch long, one-half of an inch wide at its centre, and one-quarter of an inch across at each end. By having the ends of the opening abrupt instead of tapering, there is less danger of direct union.

In conclusion, I desire to call attention to the following points:

1. The necessity of frequently douching the seat of operation with warm sterilized water to prevent the dangers of infection and shock.

2. That rapidity in operating is of great importance for success.

3. That early feeding by the mouth should be employed in all cases, espe-

<sup>1</sup> *Brit. Med. Journ.*, Lond., 1891, vol. i, p. 1377.

<sup>2</sup> *Ibid.*, 1891, vol. i, p. 798.

<sup>3</sup> *Proceedings Phila. County Med. Soc.*, 1891, vol. xii, p. 93.

cially in those which are weak and exhausted.

4. That early feeding by the stomach does not add to the dangers of leaking, as the parts are perfectly secure, if proper rings and additional sutures are employed.

5. That an important factor in causing subsequent closure of the anastomotic opening is a direct union between the edges of the incision.

6. That the danger of subsequent closure of the artificial communication is materially lessened by using a steel punch in making the opening, by stitching the edges of the serous and mucous coats of the bowel together, by placing the lateral sutures of the ring as close as possible to the margins of the incision, and lastly by making the anastomotic opening sufficiently long and of an oval shape.

#### DISCUSSION.

DR. J. M. BARTON:

I agree with what Dr. Ashton has said in almost every particular. There are one or two points, however, to which I would like to call attention.

The Doctor has spoken of the importance of keeping the abdomen open for the shortest possible time during an operation. I fully agree with him in this, and in my own abdominal operations I often sacrifice something to secure brevity of operation.

To make the operation as short as possible it would be very convenient for us to know, before opening the abdomen, exactly what we have to do. With our present knowledge this is impossible, but the history, even now, will often throw some light on the nature and seat of the obstruction.

Under all circumstances, the history in each reported case ought to be carefully recorded, not omitting apparently unimportant details, so that in the future, in similar cases, the diagnosis may be fairly accurate before surgical interference.

The vomiting in this case, unaccompanied by any tenesmus, was rather unusual. Where the obstruction is so low, tenesmus is more apt to be a permanent symptom than vomiting. The

rapid emaciation would point to malignant disease. The sweating also would be suggestive of a far-advanced malignant growth or encysted pus.

I fully agree that the feeding should be begun early. In my stomach cases, where the danger of giving food early is greater than in intestinal injuries, I have found that where I was compelled by the condition of the patient to give food at once, it was well borne. Examining the literature of the subject, I found that the cases that were fed early did not seem to suffer thereby. Where the operation is some distance from the stomach, there is no reason why food that should be absorbed by the stomach should not be used at once.

The Doctor has suggested that the narrowing of the opening may possibly be due to immediate union. In the history of the cases that were examined a few days after operation it does not appear that the opening was materially contracted, while in those examined some months after operation it was found firmly contracted. Where the operation is performed for non-malignant disease, and the patient is expected to live for some time, this contraction of the opening is of the utmost importance. I doubt whether the removal of an oval piece will prevent it. I am not prepared to make any suggestions, but this is one of the difficulties which I fear we shall find trouble in overcoming.

DR. B. T. SHIMWELL:

Reference has been made to the use of sutures around the point of anastomosis. I have had considerable experience experimentally with operations on the bowels, and I find that the moment you interfere with the bowel paralysis occurs. In the paralyzed portion of the bowel no gas or fecal matter will enter. I therefore cannot see the necessity for sutures. When perfect coaptation with the rings is made one or two additional sutures is all that is needed, and I cannot understand why we should spend time in putting in these extra sutures, for it requires some time for the bowel to regain its normal tone. If the sutures are well applied and are well tied you have close coap-



tation, and adhesion is so rapid that there is firm union by the time the tone of the bowel is regained.

DR. JOSEPH HOFFMAN:

I have often heard those gentlemen who do anastomosis talk about paralysis of the bowel as a necessary sequelæ to interference with the intestine. In ordinary abdominal surgery, where adhesions to the bowels are often extensive, we do not get paralysis even when we had to stitch down to the mucous coat. I have seen cases where it was necessary to stitch up six or eight inches of the bowel down to the mucous coat, and the patient has recovered without paralysis of the bowel. I should like to know what the interference is which is supposed always to cause paralysis of the bowel.

DR. J. PRICE:

This matter of paralysis is an interesting one, and I am inclined to ask the same question that Dr. Hoffman asked. Paresis of the bowel requires something more than local interference. If simple anastomosis with a few sutures is responsible for the paresis it is surprising that we do not have this condition in those extensive lesions of the bowel which we often have to deal with in suppurative and extensive disease. We often have to separate many inches of the bowel, and often have to stitch up lesions, but we do not see the least paresis. There is no perceptible distention. I am therefore surprised to hear gentlemen speak of paresis of the bowel following a few fortifying stitches in resection or in anastomotic work. It never occurred in my work, and I no longer look for it if the cases have been carefully prepared.

There is just one point in connection with anastomosis—not that I wish to criticise enthusiastic investigators or experimenters, but I desire to call attention to one very important point in intestinal surgery. If you can possibly get along without resection or anastomosis, always do so. You will find that men like Martin, Lawson Tait, Bantock, and Thornton make a resection or an anastomosis only exceptionally. Some years ago I did more resection and anastomosis than I do at present. I con-

stantly finish an operation with the bowel with a lumen not larger than a crayon. I do not hesitate to reduce the bowel in its normal axis. I have never had any obstruction follow anastomosis. The results have been most satisfactory, and some of the cases are of three or four years' standing. I might allude to one case: Last summer I operated upon a woman who was said to have rheumatism of the ovary. Her pelvis was simply full. It contained all the pus and viscera that you could get into it. One of the abscesses had perforated, causing a mesentery abscess, which had perforated the bowel at two points, the two openings being four inches apart. The portion of the bowel between the opening was quite gangrenous. There I was driven to resection and took out six inches of bowel and V-shaped a portion of mesentery. I found that the mesentery was too thick for inversion, and I therefore stitched the bowel carefully, and six inches above the resection made a lateral anastomosis, cutting out diamond-shaped pieces of bowel. This woman never had a bad symptom. She passed flatus in twenty-four hours. There was enormous distention at the band of the resection. She made a perfect recovery, and is now doing her domestic work.

DR. M. PRICE:

I think that the operation of anastomosis can be materially shortened by using Mrs. Supplee's sewing-machine needle, which I have suggested for passing the sutures. In this way the six sutures can be passed in a minute and a half. It obviates the entanglement of the sutures, which is apt to occur when the needles are threaded before the operation, and does away with the time used in threading them during the operation.

I congratulate Dr. Ashton on the recovery of the patient. I think that these are the most serious operations that we are called upon to do. In most cases the disease has already gone so far that resection is out of the question. By this operation he has unquestionably lengthened that woman's days and probably made her death much more comfortable.

Some years ago I resected some six inches of the colon for epithelioma. The woman is still perfectly comfortable, and I have no doubt that her life has been prolonged several years.

There is no doubt that if the operation is done by a man familiar with the work, 95 per cent. of recoveries can be counted on. Suture of the intestine is one of the safest procedures in surgery.

I think that Dr. Shimwell is probably wrong in regard to paresis. I think we are justified in using every precaution, and the introduction of the ring should be supplemented by a whipped suture and reinforced over all by a Lembert suture. I have no hesitation in saying that the operation is justifiable in cancer and is the only one left for us to do.

DR. ASHTON:

While an early exact diagnosis is of importance, yet it is impossible in the large proportion of cases to make it. Even if we do not make an exact diagnosis, the opening of the abdomen causes very little harm if done as an exploratory incision.

In regard to the closure of the opening, I would say that some of these cases were examined as early as three or four days after operation. I cannot understand how an incision which was one and a half inches in length should in three or four days become so small that it would admit only the index finger, unless there had been primary contact and union.

I cannot agree with Dr. Shimwell in reference to intestinal paresis. I have never seen the condition follow even extensive injuries of the intestines. There is more shock to the bowel in severe injuries to the intestines in some pelvic cases than in anastomosis. I agree with Dr. Joseph Price that we should not make an anastomosis if we can possibly avoid it. I never hesitate to narrow the calibre of the bowel provided I do it in the direction of its long axis.

YEARLY subscription to the LANCET CLINIC \$3.00 if paid *in advance*.

## Translations.

### PARISIAN MEDICAL CHITCHAT.

Translated from the *Journal de Médecine de Paris*, and *La France Médicale*,

BY T. C. M.

*Ricord and the Society of Surgery.  
—Death of Quatrefages.*

In an eloquent address lately delivered at the Society of Surgery, Charles Monod, with his usual graceful elution, has traced the entire life of Ricord. This medical biography, the most complete and impartial ever written, has an immense advantage over the eulogies usually pronounced in medical societies, inasmuch as it shows us the man as he really was, naming not only his merits, but his defects. The greatest eulogy one can make on a eulogy is to say that its author avoids commonplace every-day flattery. Dr. Charles Monod gives us the youthful life of the illustrious syphilographer with all its minutest details. We learn that Ricord was an American, born in Baltimore, in the United States. He was the son of a Marseilles emigrant who fled from France during the Reign of Terror, and in his youth followed the most humble associations. We find that Ricord once worked in a bake-shop, afterwards as a shop-boy, then as a druggist's clerk. He went to Paris in his twentieth year, thanks to the protection of the French ambassador at Washington City, who entrusted to the young man's care a precious collection in natural history.

Once in Paris our hero commenced the struggle of life by giving English lessons and translating the same tongue into French. Ricord managed to make a living and reached an *internes* position in 1822 and received his doctor's degree in 1826. Having no income he settled down to the practice of medicine at Olivet, afterwards at Crony, awaiting a chance to concour for some medical vacancy. In 1830 he gained the official position of Surgeon to the Hospital, and shortly afterwards was made sur-

geon at Lourcine. From that moment Ricord's progress was one of repeated success, for he did not hesitate to affirm his authority by his high intelligence and the vigor with which he entered the discussions of the Academy of Medicine. In this connection Dr. Monod does not hesitate to make known one of the errors that cast a cloud upon the scientific life of Ricord, who persisted for many years in "*the non-contagion of secondary accidents in syphilis.*"

It was at one of the sittings of the famous medical society that Ricord received a sad fall, so bad, in fact, that its evil ever after was felt by him. It all happened from his clinging to his personal doctrines. Deceived by his inoculations made upon syphilitic patients as to the power of the virus and consequently refractory results, Ricord never ceased claiming, despite the clinical proofs to the contrary, that secondary accidents were not contagious. Nothing would make him renounce this doctrine. Now it happened in 1859 that the Academy of Medicine was called on by the Government to make a positive statement on this point. It demanded the advice of the Academy on the following question: "*Can a child in the secondary period infect its nurse, and vice versa?*" A commission was named to report. Gibert was the chairman charged with the duty of answering the query propounded by the government. In excellent language, after a number of irrefutable arguments, he finished by concluding that secondary accidents were contagious. The reading of the report having been concluded, a silence fell on the assembled members of the Academy, as the statements of Gibert profoundly impressed those present. Would there be any denial of the facts set forth? Ricord did not hesitate. Slowly rising, he calmly walked to the speaker's desk, and in a few words, not without the merit of grandeur, declared that he was finally convinced, confessing that he had been deceived, and before the evidence adduced by Gibert abjured his convictions of the previous twenty-years.

The scientific life of Ricord is treated at length by Dr. Monod. Our author

then goes on to speak of the man as a preceptor and practitioner, and remarks:

"This sketch of Ricord would be incomplete if I did not speak of his wit. The "*bon mots*" of Ricord. Ah! gentlemen, they are legion. Who has not heard a number of them? He even made them upon his death-bed. It was at the hospital especially that his spirit had free play. He could never resist the pleasure of answering back the students, and his happy sallies came to his lips in spite of himself, to the great amusement of his interlocutors. You will pardon me for not reproducing his sayings here, for although part of Ricord they cannot add to his glory. I have heard some of his admirers regret that he made too many pleasantries on the miseries of his venereal patients. To joke about syphilis is to joke about one of the greatest afflictions of humanity. This reproach is not very grave, perhaps, but certainly had some foundation."

Dr. Monod now goes into the last years of Ricord's life, with details full of interest:

"The hospital being once left, Ricord was able to give his entire time to his patients. He was the fashionable medical man. Physician to Prince N  oleon, he was named, in 1869, consulting physician to the Emperor. He had this title when, in 1870, he took part in the consultation held over Napoleon, when Nelaton, Rayer and Germain S  e all held that the Emperor had stone in the bladder. Finally he landed on his breech. Very often in his declining years he might be met riding about Paris in his two-horse carriage with his old coachman in the legendary gold-lace hat. But there awaited him still many patients, drawn from various countries by the celebrity of his name. I cannot resist drawing that charming picture that has been so well portrayed by one of his own friends: "Coldly seated near the mantel in an Imperial chair, the master sits on his throne, with one hand on a mahogany table, the other rubbing his knee. Ricord receives his patient with a charming smile, excusing him-

self for not rising. Then he listens, with half-closed eyelids and half-opened lips, his grey hair resting on the collar of his coat, his pale, fat figure motionless, but inclined forward; his triple Rabelaisian chin falls over his cravat, and almost touches the red rosette in his button-hole. He has the air of an old Silenus who desires to sleep. But do not deceive yourself, he has not lost a single one of your words. He will interrogate you with perfect lucidity, and from time to time raise his eyelids, in order to scrutinize you closely. Afterwards, he will speak, avoiding gestures with his rheumatic hands, but discoursing pleasantly with keen humor on the too charming Venus, whom he upbraids as your traitoress, after which he prescribes and dismisses you with a most charming smile."

Ricord never married, and his last days were passed in isolation. He had with him his niece and her little children, who surrounded him with every care and tenderness. He lived an extremely happy life in this peaceable domestic atmosphere, and if he ever dreamed of dying he never mentioned it, save on occasions when he happened to meet his old friend Balta, the violinist, who had promised at Ricord's last moments of life to play "*Les Adieux de Marie Stuart*," by Niedermeyer, which was the favorite of the old syphilographer. This last promise was never kept, although Ricord evidently remembered it, since on the night of his death, when he had apparently lost consciousness, he kept musical time with his fingers, repeating the movement on several occasions, and seemed to be vexed because he was not understood. The physicians who sat up with him regretted that they had not more fully known his desire. Long before his death Ricord prepared his place of sepulture in the cemetery of Pere-Lachaise. He also composed an epitaph which he often recited to his friends. It reads as follows:

"At eternity's dark portal,  
When I finish my career,  
Nothing left but dust that's mortal,  
Sad humanity's last tear.

When once my soul has parted  
From the body's pains and blight,  
Know that it upward started,  
To become a ray of light.

Pure, radiant and glorious,  
In eternity's future years  
I shall conquer, be victorious,  
No more troubled by earth's fears."

Many will be astonished to learn that Ricord's pen could indulge in such thoughts. The eternal laughter and scoffer, did he also scan the beyond of this world? The pure matter, that never dies with the body, was the idea of Ricord. This was probably the secret of his calmness, and fearlessness of death. He believed in his own immortality. His end was as calm as the evening of a beautiful day. Perhaps the angel choir played for the old syphilographer "*Les Adieux de Marie Stuart*," by Niedermeyer, or, perhaps, he met the spirit of the unfortunate Queen whose sad fate he so pitied. *Quien sabe?*

Jean Louis Armand de Quatrefages is dead. Born the 10th of February, 1810, at Berthezene, in the commune of Valrogue, of an ancient Protestant family, this illustrious savant devoted his life to science. He commenced his studies at the College of Tournon, and soon became the favorite pupil of Sornin. When the latter was named astronomer to the Faculty of Sciences, at Strasbourg, Quatrefages followed his master to that city. This young man lived to become one of the most celebrated naturalists of our age, sustaining, when only nineteen years of age, the second thesis, in order to obtain the degree of Doctor of Mathematical Sciences. Once in possession of this title he was named, after a brilliant examination, for the degree of Doctor in Medicine. In 1832 he entered the practice of his profession at Toulouse, where he founded the *Journal de Medicine et de Chirurgie*. Shortly afterwards he accepted the modest employment as teacher in the course of zoology, and published his first memoirs on the natural sciences.

Paris attracted the young naturalist. He passed his third doctorat, that of

natural sciences, and was associated with such geniuses as Agassiz, Vogt and Milne Edwards, when his taste for zoology was naturally increased. At this period he abandoned himself to the study of the lower animals, and published works on the anatomy, development and reproduction of the annelides, which attracted the attention of all the great men of science in Europe and America.

Named Professor *Au Lycee Napoleon*, he entered the Academy of Sciences in 1852. In August, 1855, this body proposed him, by a vote of thirty two to twelve, to fill the chair of anthropology to the museum. From that time Quatrefages occupied himself with the study of man, and no questions regarding the human species were unanswered by him. Nevertheless, he did not wholly abandon the study of inferior animals. In 1854 he published his "Recollections of a Naturalist," and in 1856 and 1860 his remarkable work on the silk-worm. The teaching of Quatrefages at the museum differed essentially from that of his predecessors. "The former," remarked Milne Edwards, in his beautiful discourse on Quatrefages, "considered man rather from a medical standpoint, *i.e.*, as to his physiological and anatomical construction; while Doctor Quatrefages took for his only guides experience and observation, applying to his wonderful knowledge the methods of a naturalist, and his lessons were an admirable *resumé* of all that we know regarding the natural history of man."

Few men were more clear of speech than Quatrefages. His style of lecturing was most chaste and attractive. No one could surpass him in loyalty and faith to science. Some of his adversaries have reproached him for his spiritualism. But in his scientific teachings he never intruded his dogma, for he was the first to proclaim that a true savant should carefully separate all philosophic and religious questions. Facts only had value in his eyes, but he knew full well how to draw logical deductions. It is necessary to read his works to give one any idea of this statement. The pages, for example, which

he consecrates in his "Human Species," to our old race, may be regarded as a model. Quatrefages was one of the first to proclaim the extreme antiquity of man. After having studied the discoveries of Boucher and Parthes his convictions on this point were formed, and the innumerable facts observed from thence demonstrates how much he was justified. He attributed to our species a much higher antiquity than that of the archeologists. Although he made of man a King apart by himself, he still regarded him as a simple mammifera possessing special faculties. Afterwards man might be submitted to all the laws which govern other mammifera, and still appear to be the most ancient type, that is to say of the secondary epoch. His existence at a tertiary epoch appeared to be demonstrated fully to the mind of Quatrefages.

The ideas of this great genius relative to the unity of the human species, as to its origin, migrations, etc., are so well known that it would be useless to insist on them here. He always applied the methods of the naturalist with those of the mathematician, proceeding, as he was fond of repeating, from the known to the unknown. When he discussed the human species, the unknown, that is, man, he investigated everything, even animals and vegetables. Acting in good faith, with a loyalty to which all the world renders homage, he accepted, without hesitation, all that seemed to him demonstrated. Transformation appeared to him a mere hypothesis, often contradicted by facts. This he rejected and contradicted all his life. But he admitted without hesitation the laws of Darwin. With his natural grandeur of character he rendered his adversaries justice, noticing the merits of their works, and all the world will recollect how he defended the great English evolutionist before the Academy of Science.

To Quatrefages, "Science should enlarge intelligence and bring souls and hearts together," and he knew how to put this beautiful maxim into practice. Contrary opinions to his own were always examined with deference and impartiality, and in his polemics with

his adversaries he always carried on his discussion with perfect courtesy, having resource only in argument which he drew from the profound depths of his knowledge. As Darwin remarked of him: "I would rather be criticised by him than to be praised by all others."

The works of Quatrefages are too numerous to be mentioned. We shall only cite a few on anthropology, of which the majority have been translated into foreign tongues: "The Unity of the Human Species"; "Metamorphosis of Man and Animals"; "Polynesians and Their Migrations"; "The Anthropology of France"; "The Prussian Race"; "Charles Darwin and His French Precursors"; "Fossil Man and Savage Man"; "Pygmies," and "The Human Species."

His volumes on the human species would make a small library. At the moment of his death he had about concluded his last work, "The Successors of Charles Darwin," a volume which we trust will soon see the light of day. Hundreds of papers were written by this hard-working savant, yet this did not prevent his taking an active part in the work of the Academy of Science and the Academy of Medicine, as well as in the Society of Agriculture, the Society of Geography and numerous other bodies or commissions on which he served. An indefatigable worker, he was always at his labors, and it might be said, "he died with his boots on." Such was this savant, who had conquered the esteem of the world of scientists. Quatrefages was a very benevolent man, kind to all. He was ready at any moment to enter into the discussion of any scientific question with the great, or to advise the most humble.

In presence of a life so well rounded out, when we see in such a man such a rare combination of heart and head, we may well deem his loss a great grief, not only to his friends, but to his country that he loved far beyond himself.

SUBSCRIPTIONS TO LANCET-CLINIC may commence at any date.

## THERAPEUTIC NOTES

FROM FRENCH AND GERMAN JOURNALS.

TRANSLATED BY  
F. H. PRITCHARD, M.D.,  
NORWALK, O.

### TREATMENT OF THE PNEUMONIA OF THE GRIPPE.

Dr. Fiessinger (*Le Bulletin médical*, No. 18, 1892) employs, in the treatment of the pneumonia of the grippe, the sulphate of quinine and ergot, on account of their vaso-constrictor action, and has obtained good results. In a very grave case a subcutaneous injection of ergotine caused, by constriction of the blood-vessels, a rigor of a quarter of an hour's duration, to be followed by profuse sweating and recovery. Subcutaneous injections of ergot and ether produced a cure in a young girl with a feeble pulse of 140 per minute. But the remedy, *par excellence*, in infectious pneumonia is caffeine, given subcutaneously in doses of twenty-five centigrammes per injection, and according to the following formula:

R Caffeine, . . . . .	gms. 2.5
(grs. xxxviiij).	
Benzoate of soda, . . . . .	gms. 3
(grs. xlv).	
Distilled water, ad. 10 c. cm.	

These injections should be repeated every three or four hours, and, in grave cases, one will do well to add injections of ergotine and ether. The use of a lotion of vinegar and water will be found a useful adjuvant.

### INCRUSTATIONS ON PERMANENT CATHETERS AND HOW TO DISSOLVE THEM.

Drs. De Pezzer and Sonnerat (*Le Bulletin médical*, No. 7, 1892) find the deposits which incrust upon permanent catheters may be divided into two classes: whitish incrustations, consisting of phosphates of lime or ammonia and magnesia, which also contain a certain quantity of organic elements; and yellowish deposits, soluble in alkaline solutions, and which consist of the urate of soda, free uric acid, and sometimes a little of the oxalate of lime.

The yellowish deposits are easily dissolved by a dilute alkaline solution—carbonate of lithia, bicarbonate of soda, Vichy water, etc.; the whitish are removed by a dilute solution of some acid—carbonic acid, phosphoric acid, lactic acid, etc. Hence when a catheter is to remain for some time in a patient's bladder his urine should be examined and injections of these solvents made into the bladder now and then to dissolve the deposits upon the catheter.

#### TREATMENT OF CARDIAC ASTHMA.

Dr. Ferrand (*Le Bulletin médical*, No. 18, 1892) recommends the following treatment:

##### General treatment:

1. Each morning two soup-spoonfuls of:

℞ Iodide of sodium, . gms. 25  
(℥vj).  
Infusion of elder flowers, gms. 300  
(fl. ℥x).

2. Every evening, before eating, two soup-spoonfuls of:

℞ Bromide of sodium, . gms. 25  
(℥vj).  
Syrup of aconite, . gms. 50  
(fl. ℥jss).  
Infusion of hops, . gms. 250  
(fl. ℥vliij).

##### Treatment of the crisis:

1. Place the hands into a dish of hot water.

2. Give inhalations of ammonia.

3. Give every five to ten minutes five drops of:

℞ Laudunum, . gms. 4 (fl. ℥j).  
Cherry laurel water, gms. 6 (fl. ℥jss).

4. Inject subcutaneously the following:

℞ Atropine sulphate, . cgms. 1  
(gr. 1-6th).  
Morphine sulphate, . cgms. 2  
(gr. ⅓).  
Cherry laurel water, . gms. 10  
(fl. ℥jss).

During the intervals one may employ the following means:

Administer each day before the two principal meals a spoonful of:

℞ Iodide of potash, . gms. 20  
(℥v).  
Syrup of capillaire, . gms. 128  
(fl. ℥iiv).

Morning and evening take one of the following pills:

℞ Ext. of stramonium, } aa cgms. 1  
Valerianate of zinc, } gr. 1-5th).  
Sufficient for one pill.

Every two days take:

℞ Syrup of buckthorn, gms. 30 (fl. ℥j).

#### INHALATIONS OF MENTHOL IN TRACHEITIS.

Dr. Lubet-Barbon (*Le Bulletin médical*, No. 92, 1891) uses inhalations of menthol in the treatment of tracheitis, simple cough without bronchitis, with successful results. It is necessary for the patient to become habituated to treatment gradually; consumptives do not tolerate menthol nor the inhalation of naphthaline, hence this may, possibly, be of diagnostic importance.

#### PUBLISHER'S NOTICES.

TWENTY years ago very little was known about the isolation of Pepsin and the other animal ferments, or their action. To-day, much is known, although much may remain to be discovered.

One fact stands out clearly, however,—if the raw material for the preparation of these ferments is handled at the place of supply by skilled chemists, then Pepsin, and other ferments, of much greater strength are obtained, and all disagreeable taste and odor, arising from decomposition, are avoided. The great packing firm of Armour & Company, Chicago, were first to realize the advantage which freshness of material and early manipulation would give them over other Pepsin manufacturers who buy material in Chicago and transport it by freight to their laboratories.

By the aid of expert chemical talent, Armour & Company utilize their vast supply of raw material almost as soon as removed from the animal, the result being a line of digestive ferments unequalled by any in the market. "The Pork Packer in Pepsin making" marks a step in the march of progress, and is an indication of great import in the field of physiological chemistry.

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# THE CINCINNATI LANCET-CLINIC:

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J. C. OLIVER, M.D.  
L. S. COLTER, M.D.

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Cincinnati, April 16, 1892.

## Editorial.

### REGULATION OF EMPIRICISM.

We sometimes wonder whether the medical profession of this State requires any legislative enactment to protect it from the quacks and charlatans. Our limited experience has demonstrated to us that these parasites do not interfere with those who practice medicine honestly; in fact, they sometimes teach people to place a higher estimate upon those true and tried physicians who do not move every three months.

Recently we had a medical (?) institution locate in our immediate vicinity. The usual course of newspaper advertising was carried out, with the usual effect. During the dark hours which precede the dawn the institution packed its collar-box and departed. Since that time we have been besieged with queries as to the whereabouts of the "European Doctor." Being naturally of an inquisitive temperament, we have asked some questions regarding the methods pursued by these

"doctors" (?). We find the stories tally very closely with each other. The patients were asked for money in advance; the amounts we have heard of range from sixty to six dollars, according to circumstances; the money being paid, they are given some medicine and are told that they may make as many visits as they choose; before they have made more than three or four visits the vultures have flown. Of course, they promised to cure each case.

No detailed explanation of methods is necessary for medical readers, because they are all well aware of the plan of action; but it does seem to us that the newspapers and legislators who uphold these fellows in their dishonest practices are false to their constituents, and become parties to the crime. As the Ohio Legislature has already put itself on record in this matter we feel that the only way in which the people can obtain protection is by rising in their might and demanding that the State of Ohio be rid of such frauds and cheats.

A plan which has been adopted with much success in Kentucky is to regulate the practice of medicine by city ordinance. The following copy of an ordinance was sent us by W. Cheatham, M.D., of Louisville, and we present it to our readers in the hope that our degraded condition, as compared with other States, may lead each and every one to get to work and attempt to obtain local legislation upon this subject; the State legislation will follow as a matter of course.

We are confident that no such ordinance could be passed in Cincinnati, for obvious reasons, but we believe it would be a very good plan to make the attempt, and thus show to the people of the city where the responsibility for the present state of affairs rests. The only method from which we may expect any



good results would be to have all of the surrounding towns pass some such ordinance, and thereby cause all of the quacks to come to Cincinnati; then we might reasonably expect the excess of such talent to cause a reaction of public sentiment which would lead to good results. Appended we give the ordinance as adopted by the Board of Councilmen of Bowling Green, Kentucky; it shows clearly that Ohio is away behind the times, and still clings to the ideas prevalent during the Dark Ages:—

AN ORDINANCE TO PREVENT  
EMPIRICISM.

*Be it Ordained by the Board of Councilmen of the City of Bowling Green:*

SECTION 1. That it shall be unlawful for any travelling or itinerant doctor to practice medicine in any of its branches within the limits of this city. To open an office for such purpose, or to announce to the public in any other way an intention to practice medicine shall be an offense within the meaning of this ordinance. Provided, that nothing in this ordinance shall be so construed as to prohibit any reputable physician or surgeon from any other place being called to see a particular case or family, or to do a particular operation in said city.

SECTION 2. Any person convicted of a violation of the provisions of Section 1, of this ordinance, shall be fined the sum of not less than \$50 nor more than \$100 for each day so engaged in the practice of medicine.

SECTION 3. This ordinance shall be in effect from and after its passage, and all ordinances or parts of ordinances in conflict with the provisions of this ordinance are hereby repealed.

Passed Board of Councilmen April 4, 1892.

G. S. HOLLINGSWORTH,  
City Clerk.

Approved. J. K. FORBES, Mayor.

The above ordinance has been passed in Lexington, Paducah, Harrodsburg, Lebanon, Stanford, Franklin, Glasgow, Elizabethtown, and several other cities, and is pending and will be passed in nearly every other city and town in the State of Kentucky.

THE Medical Association of Georgia holds its forty-first annual meeting at Columbus, April 20, 21, and 22, 1892.

REGULATION OF DISPENSARY  
PRACTICE.

This subject has received considerable editorial attention from the LANCET-CLINIC, and were it not for a step which has been taken toward the solution of the question we would feel much hesitancy in again bringing this subject before our readers. Serious consideration devoted to this subject is time well spent, because the evil is constantly growing, and each year assumes a more threatening aspect. Something must be done to regulate this business or there will be a deep, yawning chasm full of bad feeling existing between the profession at large and the medical colleges. The arguments in favor of some regulation are so well known that a repetition is superfluous.

By chance we heard the other day that the Ophthalmic Hospital had taken a step in this matter, and in order to satisfy ourselves we obtained the following slip, which explains itself:

OPHTHALMIC HOSPITAL AND DISPENSARY,  
CINCINNATI, O.

It has been suggested that you are not a proper subject for treatment in this Hospital. This institution is for those in poverty and distress *only*, and it will be necessary for you to furnish evidence on this blank from some responsible party that you are a proper person for the reciprocity of its charity.

(Signed) \_\_\_\_\_

Executive Officer, Ophthalmic Hospital.

Date, \_\_\_\_\_, 189—.

\_\_\_\_\_ is known to me to be worthy of the charity offered by the above institution.  
(Signed) \_\_\_\_\_

It seems to us that this is a long step in advance, and one that might be adopted by all the dispensaries without detriment to their attendance, but with decided benefit to the medical profession in general.

In fact, we believe the medical men

of the city have a right to demand that some such step be taken by all medical institutions which treat patients free of charge. Promiscuous charity is unjust, unwise and injurious; it gives rise to imposition, dishonesty and fraud; therefore, the dispensaries should see to it that, so far as possible, none but the poor receive gratuitous medical attention.

The plan outlined above has the merit of simplicity, and yet it is effectual. The slips can readily be kept on file for future reference, and thus become permanent records. No deserving person need be without medical attention, and yet the medical profession can protect itself against fraud and deception.

In order to render the plan as successful as possible it is necessary for all dispensaries to adopt the same plan and coöperate in the matter. Thus may we stamp out the most gigantic evil connected with medical practice.

#### EDITORIAL NOTES.

THE commencement exercises of the Woman's Medical College of Cincinnati were held at the Young Men's Christian Association Building, Wednesday evening, April 6, 1892. They marked the close of the second collegiate year of the college as an independent institution. Two graduates, Mrs. Kate A. McAllister and Miss Hattie C. Brown, received their diplomas. The "ad eundem" degree was conferred upon Dr. Amelia C. J. Prior.

A brief sketch of the work and aims of the college was presented by the Dean, Prof. G. A. Fackler, and an elaborate and scholarly address delivered by Mrs. M. McClellan Brown, of Wesleyan College.

The Valedictory, by Prof. J. L.

Cilley, was highly entertaining and greatly enjoyed by the audience.

THE seventeenth annual meeting of the Association of Alumni of the Medical College of Ohio occurred on April 7, at 2 p.m., in Lincoln Club Hall. The session was a very interesting one, and largely attended. Among the older graduates present we noticed: Dr. Barbour, of Falmouth, Ky. (1852); Dr. J. Moffatt, Rushville, Ind. (1849); Dr. W. A. Pugh, Rushville, Ind. (1857); Dr. W. B. Hedges, Delaware, Ohio (1863); Dr. A. W. Thompson, Circleville, Ohio (1841).

In the absence of the President (Dr. Mullen, of New Richmond, Ohio), Dr. Moffatt (1849) was called to the chair, and presided with force as well as dignity. The annual address was delivered by Dr. A. V. Phelps (1885), of Cincinnati, and the address on behalf of the class of '92 by J. H. Macready, of Monroe, Ohio. Both of these evinced careful preparation, and were well received. One of the most interesting features of these reunions then followed; this is the roll-call of the classes from the beginning of the school. Responses to the earlier years were naturally very few. The oldest living graduate is Dr. Boal, of Peora, Ill. (class of 1828).

THE Presbyterian Woman's Medical College held their second annual commencement at Sinton Hall, Y. M. C. A. building, last Tuesday evening. The programme consisted of choice music along with the other exercises. Rev. J. J. Francis, D.D., made the opening prayer, and Geo. B. Orr, M.D., Dean of the College, followed with some happy remarks. Rev. Wm. McKibben, D.D., then delivered an address. The annual address was delivered by Rev. Charles A. Dickey,

D.D., L.L.D., of Philadelphia. C. D. Palmer, M.D., delivered the valedictory, and the degrees were conferred by Mrs. Alexander McDonald, President of the Board of Trustees.

We were particularly struck by some paradoxes connected with the commencement; they may be expressed in the following sentence: The *Presbyterian Woman's College* graduated a *Jewish* lady, and the commencement was held at the *Young Men's Christian Association*.

THE Ohio State Medical Society will hold its annual meeting in Cincinnati, beginning May 4, and continuing for three days. The local profession extends a hearty invitation to physicians all over the State to come and have a profitable and pleasant time. Bring your wives, your sweethearts, and the very best care will be taken of them. Our city offers them the delights of good shops, ice-cream parlors and soda-water in abundance. This is an eminently proper time for a little relaxation. Come!

THE forty-first annual session of the Iowa State Medical Society will be held at Des Moines on Wednesday, Thursday and Friday, May 18, 19, and 20.

#### AMERICAN ACADEMY OF MEDICINE.

##### PRELIMINARY PROGRAMME.

The following topics are promised for discussion at the seventeenth annual meeting of the American Academy of Medicine, at the Cadillac Hotel, Detroit, Mich., on Saturday, June 4, and Monday, June 6, 1892:

1. "Essentials and Non-Essentials in Medical Education," the Address of the Retiring President Dr. P. S. Conner of Cincinnati.

2. "The Value of the General Preparatory Training Afforded by the College as Compared with the Special Preparatory Work Suggested by the Medical School in the Preliminary Education of the Physician," a paper by Dr. T. F. Moses, of Urbana.

3. "Does a Classical Course Enable a Student to Shorten the Period of Professional Study?" a paper by Dr. V. C. Vaughan, of Ann Arbor, Mich.

4. "The Value of a Collegiate Degree as an Evidence of Fitness for the Study of Medicine," a paper by Dr. L. H. Menter, of Chicago.

5. "The Value of Academical Training Preparatory to the Study of Medicine," a symposium by Drs. H. B. Allyn, of Philadelphia; W. D. Bidwell, of Washington, and Elbert Wing, of Chicago.

6. "The Newer Medical Education in the United States," a symposium by Drs. W. J. Herdman, of Ann Arbor; Charles Jewett, of Brooklyn, and Elbert Wing, of Chicago.

7. "A Paper on Some Phase of the State Supervision of the Practice of Medicine," by Perry H. Millard, of St. Paul.

Some other papers are partially promised, and the usual reports may be expected from the committees.

Members of the profession are cordially invited to be present at the sessions of the Academy.

#### THE TREATMENT OF UNCOMPLICATED LEUCORRHOEA BY HELENINE.

Dr. Hamonie (*Wiener med. Presse*, No. 11, 1892) has employed helenine with success in the treatment of uncomplicated leucorrhœa. Crude helenine is a combination of a camphor, an anhydride and a crystallizable principle, pure helenine. It seems to have an elective action upon the cervical glands. After a few doses the secretion of the uterine mucous membrane seems to dry up, and the tenacious mucus, as is seen in endometritis. According to the writer, no local treatment is necessary under this treatment. The remedy only rarely causes gastric disturbance or diarrhœa. He prefers to administer the drug, in combination with inuline, as follows:

Crude helenine, } aa gm. i (grs. xv).  
Inuline,  
Sugar of milk suffic. for 100 pills.

Two to four pills a day.

—[Pritchard.

## Selections.

### FROM CURRENT MEDICAL LITERATURE.

#### THE STAFFORDSHIRE KNOT IN VAGINAL TAMPONS.

M. F. McTaggart, M.D., of St. Helena, Cal., in the *N. Y. Med. Record*, October 20, 1888, entering into a discussion then in progress on the vaginal tampon, has urged the use of refined or dressed oakum, as the best agent for that purpose, on account of its elasticity, its porosity, and especially its antiseptic properties; admitting at the same time that with the best material in use, the tampon was not free from objections. Desiring to evade the hard unyielding mass resulting from the circular knot, and to accommodate it to the parts so that all contact would be soft and pliable, and yet fulfill each indication, various methods suggested themselves. Every expedient proved ineffectual, or at best inadequate, till appreciating the advantages of the Staffordshire knot, and its adaptability to different purposes, having employed it in the removal of ovarian tumors, uterine myomata, and other pedunculated growths, and I must mention as well, in disposing of large hemorrhoidal masses, in which it proves a great convenience, the idea presented that it was the very thing needed to complete the vaginal tampon. A slight modification turned it to account, and repeated trials of it since have prompted a continued use of it for more than two years without any disappointment.

I think there is scarcely a probability that any one after having used it once, will abandon it for the old method of forming the tampon. To make it, take oakum, *quantum vis*, shape it as required to support or medicate the uterus. Double a thread eighteen inches in length, in some cases a little longer, with the dressing forceps, pass the loop through the oakum, then carry it over and around one-half of it, passing one of the thread ends over the loop, having one on either side of it, so

far identical with that ingenious device, the Staffordshire knot. Now, draw out the strings, and tie their ends together. It is finished. To insert it, pull the now double string till the tampon is closely hugged, keeping it so, while with the index finger of the controlling hand, it is pushed at its center through a ring of suitable size, formed by the index and thumb of the other, thus giving it an umbrella form. Now, wind the string once tightly around the umbrella fold, clasp it between the dressing forceps, over the string, holding it firmly in place, and the tampon, though large, may be thus made quite neat and small, hence readily inserted, or the fold may be retained by the fingers and so inserted. As soon as it is fixed in the vaginal passage, release the thread, and pull gently, while with the forceps, the tampon is turned in the direction, to aid in unwinding; at the same time it is pushed on to its place for adjustment. All of which is easily accomplished. The advantages this tampon offers, are these: being free from knot compression, it absolutely resumes its elasticity when adjusted. It fills the vagina more perfectly and uniformly than any other kind, while it is softer and more pliable. Adapting itself conformably to the shape and space of the vaginal vault, it is more difficult of displacement by a relaxed uterus. It has proved in my practice more fruitful of comfort to the patient, and of results tending to ultimate cure prolapsus uteri, than any proceeding short of a surgical operation. It leaves a central opening in the track of the threads for the exit of viscid humors. Frequently where great irritability of an abraded surface has called for something softer than oakum, I would fain have substituted absorbent wool, but desisted because the former offered freer vent to offending secretion.

By the employment of this knot, where but one thin tampon is used for application, that objection is obviated, and the wool in many instances, rendered preferable. Medication is more effectual, by reason of close and continuous contact. The tampon can re-

main longer in position without giving discomfort. It is more convenient and of greater utility in posterior and anterior packing in the respective displacements, and there is less danger of dislodging it in removing the speculum. In vagino-uterine prolapse, it dispenses with the cylindrical pledget, which is always a source of irritation. Where a series of tampons are required, I adopt Mundé's method of fixing knots to each string numerically with the number of tampons used, that the patient may remove them herself when so instructed. It is easy of removal, and secures to the patient in irritability of the rectum, when properly packed, less discomfort than any other tampon.—*Pacific Medical Journal*.

#### CÆSAREAN SECTION ON ACCOUNT OF ECLAMPSIA AT THE END OF PREGNANCY.

The occurrence of eclampsia during pregnancy is accompanied by the most gloomy forebodings as to the welfare of the patient. In no other condition of pregnancy is the prognosis so hopeless. Schauta has calculated the mortality of the mothers who are subject to eclampsia before delivery to be more than 50 per cent. His estimate rests upon the history of forty-two cases. The mortality of the offspring was 42 per cent. In the presence of so unfavorable a prognosis, Halberstma advises the Cæsarean section, by which both mother and child may be saved. The operation is indicated when the supravaginal portion is still undilated, and the condition of the patient has become suddenly grave. The incision cannot always be made to conform to established rules, and that form of operation is to be adopted which the circumstances of the case render most feasible under the existing conditions. Even if the convulsions do not at once subside, the effect of the removal of the uterine contents has an undoubtedly favorable influence upon the course of the eclampsia.

Swiecicki was called to a woman in the ninth month, who had been unconscious and in constant convulsions for five hours. There were indications

of commencing œdema of the lungs, the child was still alive, but there was complete closure of the vaginal portion and cervix. Cæsarean section was immediately performed, a well-developed child was delivered, but was so deeply asphyxiated that it did not live. This case is instructive in many ways. It is the eighth case in which the Cæsarean section has been performed on account of eclampsia of the mother. Furthermore, it does not bear out the favorable effect of evacuation of the uterine contents, which has been described by Halberstma as occurring in cases of eclampsia.

In the face of the fact that in the presence of eclampsia, during pregnancy, the prognosis is usually very bad, and that in any known mode of treatment the life of the offspring is inevitably sacrificed, even so serious an operative procedure as the Kaiser-schnitt becomes justifiable, as the cases of Halberstma and Herff demonstrate that by this means the lives of both mother and offspring may be preserved in cases in which, on account of the large size of the living child, at the end of the term, delivery *per vias naturalis* is absolutely impossible. The earlier the operation is carried out, after its necessity is demonstrated, the more favorable is the chance of success.—*Annals of Gynecology and Pediatrics*.

#### LAPAROTOMY UNDER COCAINE.

Emory Lamphear, M.D. (*Journal Ame. Med. Assoc.*), reports the following case:

Mr. W—, aged fifty-two, was admitted to All Saint's Hospital suffering from a cancerous tumor of left side of neck, of very rapid development. Patient began to experience difficulty in swallowing nine weeks before when his weight was 165 pounds. The dysphagia increased at an alarming rate and two weeks before admission to the hospital it became a matter of impossibility for him to swallow at all. Partial removal of the tumor was done by Drs. Wheeler and McCoy (of Pratt, Kan.), under local anæsthesia, it being deemed inadvisable even at that date to use

chloroform or ether. There was very little improvement, so that the patient was brought to Kansas City to the hospital for further treatment.

When admitted he was in extremis, cadaverous, weight less than eighty pounds and at the gate of death from starvation. Upon the evening of admission the abdomen was carefully scrubbed and shaved, and a pad of moist bichloride gauze applied. At 9 A. M., on the following day, assisted by Drs. J. F. Binne and T. B. Thrush, I made a gastrostomy under local anæsthesia from cocaine. One-half drachm of a 4 per cent solution was injected in eight places into the subcutaneous areolar tissue along the line of the proposed incision. As soon as the analgesic effect was established the usual operation was made, and without any pain or even sense of discomfort on part of patient. The only disagreeable symptom was a slight nausea when the left lobe of the liver was turned up to allow the stomach to be drawn into the wound. The operation lasted twenty-two minutes. There was a total absence of anything like shock, and if this be found to be a general rule an immense gain may be made in sewing up stab or even gunshot wounds of the intestine by the use of local instead of general anæsthesia.

#### TREATMENT OF WEAK LABOR PAINS.

Weakness of labor pains before rupture of the membranes is hardly dangerous for mother or child, while weakness of pains after the membranes have ruptured may gradually lead to serious damage, as asphyxia and death of the child, grave symptoms of pressure in the mother and dangerous atonic hemorrhage during the placental period. Prof. Max Runge, Göttingen (*Therap. Monatshefte*, IV., 1, 1890) distinguished (1) *primary* weakness of the pains, *i.e.*, the pains are weak and inefficient from the beginning of labor, which is seen especially in individuals of weak constitution, and in great distention of the uterus by hydramnios or the presence of several fetuses; and (2) *secondary* weakness of the pains, in which there is

good and energetic contraction at the beginning, but which, from too great resistance, as from a large head, a narrow pelvis or rigid soft parts, finally become weaker and even cease.

The treatment of *primary* weakness consists in strengthening the patient by proper nourishment during the course of labor, or where it is possible, even during pregnancy, the administration of wine, coffee, etc. The bladder and rectum should be emptied, and the supply of good air and the proper temperature of the lying-in-room should be regulated. In weakness of the uterine musculature and slow dilatation of the os uteri, warm vaginal injections of carbolyzed water (1 to 15 per cent.), repeated every one to two hours, are useful; if these fail, full baths and finally large doses of narcotics are indicated. In abnormal distention of the uterus it is advisable to puncture the membranes as soon as the os uteri is half dilated, in order to avoid a prolapse of the umbilical cord at a time when version and extraction would be impossible.

The treatment of the *secondary* weakness must be more energetic; firstly come stimulants, as wine, champagne; in great sensibility, opiates or a few inhalations of chloroform are to be advised. In case the pains become spasmodic, large doses of narcotics, as chloroform-narcosis, chloral hydrate, 30 grains by the mouth or  $1\frac{1}{4}$  drachms per rectum, morphine subcutaneously, ( $\frac{1}{4}$  to  $\frac{1}{2}$  grain), are indicated, in order to give the patient rest. Warm baths of forty-five minutes' duration are often very efficacious.

Puncture of the membranes when the os is incompletely dilated, or the trunk of the child has not descended into the pelvis, is not without danger, as the umbilical cord may prolapse; hence puncture should be avoided as much as possible.

He would reserve the introduction of a bougie into the uterus for especially difficult cases. Frictions of the uterus with the hand are only applicable just before the passage of the head over the perineum, or during the placental period.

Runge rejects, as does Schröder, the use of ergot during the first and second stages of labor, thus being opposed to Säxinger and Schatz; but, on the contrary, he emphasizes the value of ergot and especially of cornutin (Kobert's) for the placental period. He leaves undecided the question whether strychnine is an oxytocic or not.—*Annals of Gynecology and Pediatrics*.

#### A CASE OF UMBILICAL FÆCAL FISTULA IN AN INFANT CURED BY OPERATION.

Dr. Shepherd, in *Montreal Medical Journal*, reports this case: A male infant, aged three months, had a projection about an inch long at the umbilicus which was red and moist, looking very much like everted mucous membrane. In the centre of this projection there was an opening from which liquid fæces escaped, and into which a probe could be easily introduced. The abdomen was opened and the fistula was found to be due to a diverticulum from the ileum (Meckel's diverticulum), which had remained patent in the umbilical cord and had been cut through when the ligature came away a few days after birth. The projecting portion of the bowel was removed and the opening in the intestine closed by a double row of continuous sutures—the deep row passed through the muscular and mucous coats, and the superficial row through the peritoneal coat only, after the manner of a Lembert suture. The infant made a complete recovery, and when last heard of was well and strong.

#### BRONCHITIS IN CHILDREN.

Dr. Hare gives for acute stages of bronchitis in children:

℞ Tr. aconiti, . . . . . gtt. xij.  
Syr. ipecac, . . . . . f. ʒ ss-j.  
Liq. potassii citratis, q. s. ad. f. ʒiij.

M. and S. One teaspoonful every three hours.

For the latter stages:

℞ Ammonii chloridi, . . . . . ʒj.  
Ext. glycyrrhizæ fl, . . . . . f. ʒiv.  
Aque dest. . . . . q. s. ad. f. ʒiij.

M. and S. One teaspoonful three times a day.

## Miscellany.

### HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending April 8, 1892:

WARD.	Measles.		Scarlet Fever.		Whooping Cough.		Diphtheria.		Croup.		Typhoid Fever.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....	2	2					1					
2.....	3	1					3	2				
3.....	2	1					1					
4.....	1	1					1					
5.....	2										1	
6.....												
7.....		1					1					
8.....	2						1					
9.....	1											
10.....	4	1	1		2							
11.....	1	1	2		1	1	1			1		
12.....	3		1		1	1	1				1	
13.....												
14.....	1	1										
15.....		1										1
16.....	2	2										
17.....	3	1					1					
18.....												
19.....							1					
20.....	1											
21.....	1											
22.....		4							1			
23.....	1			2								
24.....	5											
25.....		2				1						
26.....	2	3				1						
27.....						2	1					
28.....	1	1				1						
29.....		1										
30.....	2			13								
Public Institutions.....												
Totals.....	40	24	19	17	7	1	2	2				
Last week.....	36	20	10	28	5	2	2	1	2			

#### Mortality Report for the week ending April 8, 1892:

Croup.....	1
Diphtheria.....	7
Influenza.....	3
Whooping Cough.....	2
Other Zymotic Diseases.....	4—16
Phthisis Pulmonalis.....	16
Other Constitutional Diseases.....	12—28
Bright's Disease.....	4
Bronchitis.....	7

Convulsions .....	8
Gastritis Enteritis .....	3
Heart Disease .....	4
Liver Disease .....	2
Meningitis .....	9
Pneumonia .....	13
Other Local Diseases .....	14—64
Deaths from Developmental Diseases .....	11
Deaths from Violence .....	3
Deaths from all causes .....	122
Annual rate per 1,000 .....	21.14
Deaths under 1 year .....	29
Deaths between 1 and 5 years .....	20—49
Deaths during preceding week .....	127
Deaths for corresponding week of 1891 .....	131
Deaths for corresponding week of 1890 .....	116
Deaths for corresponding week of 1889 .....	112

J. W. PRENDERGAST, M.D.,  
Health Officer.

### OHIO HEALTH BULLETIN.

Infectious Diseases reported to the Ohio State Board of Health in 47 cities and towns during the week ending April 8, 1892.

<i>Diphtheria:</i>	Cases.	Deaths.	<i>Typhoid Fever:</i>	Cases.	Deaths.
Bloomville .....	4	..	Cincinnati .....	2	2
Cincinnati .....	17	7	Cleveland .....	2	..
Cleveland .....	3	2	Columbus .....	..	1
Columbus .....	3	..	Mt. Vernon .....	1	..
Forest .....	1	..	Neville .....	3	..
Leetonia .....	2	..	Salem .....	1	..
Lima .....	2	1	Youngstown .....	..	1
Logan .....	1	..	<i>Whooping-Cough:</i>		
Mansfield .....	1	..	Cincinnati .....	19	..
Middletown .....	3	..	Cleveland .....	1	..
Millersburg .....	3	..	Leetonia .....	1	..
Painesville .....	1	1	Oberlin .....	8	..
Springfield .....	1	..	Youngstown .....	5	..
Toledo .....	4	..	<i>Scarlet Fever:</i>		
West Liberty .....	3	..	Bellefontaine .....	1	..
Youngstown .....	2	..	Cambridge .....	1	..
Zanesville .....	2	1	Cincinnati .....	24	..
<i>Measles:</i>			Cleveland .....	12	1
Chester Hill .....	1	..	Columbus .....	7	..
Cincinnati .....	40	..	Dalton .....	1	..
Clifton .....	1	..	Elmwood .....	1	..
Cleveland .....	9	..	Fostoria .....	2	..
Elmwood .....	2	..	Leetonia .....	1	..
Girard .....	1	..	Mineral Ridge .....	1	..
Lima .....	3	..	Mt. Vernon .....	1	..
Springfield .....	10	..	Oberlin .....	1	..
Warren .....	2	..	Perry .....	2	1
Youngstown .....	18	..	Springfield .....	4	..
			Toledo .....	3	..
			Warren .....	3	..
			Wyoming .....	2	..
			Youngstown .....	7	1
			Zanesville .....	2	1

No infectious diseases reported to health officers in 14 towns.

C. O. PROBST, M.D., Secretary.

### AN IMPENDING MEDICAL TRIAL.

An action in which all the parties concerned are well-known members of the profession is down for hearing at the present Manchester Assizes, and is naturally exciting keen interest in medical circles. We have of course no intention of commenting on the case while it is *sub judice*, but for the information of our readers we may state that the action is brought by Dr. Denholm (with whom are associated Dr. Lloyd Roberts and Mr. Walter Whitehead, of the Manchester Royal Infirmary) against Mr. Lawson Tait, of Birmingham. The case out of which the action has arisen was one of uterine myoma, treated by electrolysis in the first place by the plaintiffs, and subsequently operated on by Mr. Tait, who is alleged to have made statements, embodied in a letter to the deceased woman's husband, gravely reflecting upon the conduct and professional reputation of the plaintiffs, who were accused by him *inter alia* of having brought about the formation of a vesico-vaginal fistula. While one fully appreciates the plaintiffs' desire to refute unjustifiable assertions, it is impossible not to feel regret that judge and jury should be asked to adjudicate on a matter of such an extremely delicate and technical nature.—*Med. Press and Circular*.

### LADIES AS MEDICAL STUDENTS.

Some fastidious persons in Glasgow are agitating against the admission of lady students to the general wards of the dispensary on the ground that this scientific promiscuity is subversive of delicacy and genuine modesty. The curious part of it, so far as one can judge, is that it should be the male students whose modesty is outraged, and it is they, and not the ladies, whose susceptibility is wounded. It does startle one, we must admit, to hear of a hydrocele being examined by a mixed class of students, but that is doubtless because one is not used to it. To pretend, however, that it is impossible for male and female students to study



every department of medicine together without detriment to their modesty is simply preposterous. Are not nurses present as spectators and assistants at every sort and kind of operation performed in and out of hospitals? Surely what is admissible and becoming in a nurse cannot be altogether improper when instead of a nurse we have a female student. Yet no one ever protests against nurses being present at operations on either the male or the female reproductive organs, nor is their presence the source of any obvious embarrassment to the staff or the students. It is time this fatuous sentimentality was discarded. There may be cogent reasons for discouraging mixed classes, but it must be on some more practical ground than any imaginary delicacy. To the properly trained medical mind nothing that has to do with the healing art is unclean, nothing is indelicate, and only pruriency can view with dismay the intrusion of female students into the wards of our general hospitals. The objectors belong to the class of people who would put Venus de Milo in petticoats and Hercules in trousers or bathing drawers. A truce to such unsavory agitations!—*Med. Press and Circular.*

#### LAWYERS AND DOCTORS.

At Mr. Croly's banquet in Dublin the other night, Lord Ashbourne responded for the Bar, and in the course of his remarks said there were points of contact between the medical and the legal professions. Barristers, no matter how busy they were, liked to appear more busy than they really were. He supposed it was no disparagement to the medical profession to say that they were similar, and, if he traced them out, there would be found other points of contact. The legal profession was a richly endowed one. They had high salaries and great prestige, but the medical profession had no such prizes. Let them look at the dispensary doctors. They got public money measured out in small doles with slow, meagre hand. They had no red ribbons, but many "scarlet runners" (red tickets);

and if they went to the highest positions, they would find that they fell far short of the prizes that were esteemed worth winning by the best men in the legal profession. When he came to consider the Bench, he was unable to find in the medical profession with men as able, with learning as great, with sense of duty as high—he was unable to find in it similar honors and dignities.

Lord Ashbourne's appreciation of the profession is worth noting, and his recognition of the fact that the big prizes go to the lawyers is valuable. Perhaps it may bear fruit in due time. His allusion to the dispensary doctors shows that he has been reading the tale of their miseries, and that he recognizes at least the force of some of the complaints. As he is a member of the cabinet, the head of the judicial bench in Ireland, and an Irishman acquainted with the circumstances of the dispensary medical officers, he might use his powers advantageously in inducing the Chief Secretary to try to remedy some of the admitted wrongs of the service.—*British Med. Jour.*

#### THE DUTIES OF THE DOCTOR.

Dr. Delos Walker, in an article published in the *Kansas Medical Journal*, enumerates the following as a few of the many duties of the doctor:

The prime duty is to be learned professionally—to know as thoroughly as possible the things you advertise to be competent to do. This is believed by some to mean more than learning in the things belonging to his profession.

The next most important duty of the doctor is solicitous attention to his patient—to see that all his knowledge and skill are bent on the care of the afflicted who have been intrusted to him. No cold, heat or storm should stop or delay him if the case be urgent.

A doctor would naturally be expected, so far as the welfare of his patient will allow, to obey those laws which insure vigorous growth, full de-

velopment, and which hand one down to a happy and philosophical old age—philosophical, because, other things being equal, the better the physical the better the mental. Briefly, the doctor should set, and be, an example of physical well-being—should obey the laws of health which he advertises to understand.

Among those habits which it is believed every member of the profession should abandon, or never acquire, is that of drinking alcohol as a beverage, even though drank in moderation, because he is supposed to have judgment in habits of health, and to practice what he so well knows. The doctor should have the spirit of Paul, who said: "If eating meat makes thy brother to offend, then eat no more meat."

Another habit which he should avoid is the tobacco habit. The injurious effect of smoking and chewing on the system is no longer a debatable question. Surely he should stand out emphasized as the very paragon of law-

abiding in all the habits which conduce to vigorous life and abiding health.

#### THE DOCTOR'S RETORT.

The *Evening Post* quotes the following from the *Lewiston Journal*: One of the brightest physicians of Portland and one of the ablest theologians of Bath were in the physiological room at Bowdoin Medical School, not long ago, examining, in company with others, microscopic slides, showing certain peculiar glands of the intestines. The physician at once launched out into a brilliant discussion of the glands and their relation to various diseases. The theologian grew tired after a time, and finally said: "You doctors know so much about the uncertainties of this world that I should think you would not want to live." "You theologians," came the quick reply, "tell us so much about the certainties of the next that we don't want to die."—*N. Y. Med. Journal*.

### Definite Chemical Products of Superior Therapeutic Value.

#### CHLORALIMID.

##### CHLORALANID-Schering.

( $\text{CCl}_3\text{CH} \begin{matrix} \text{OH} \\ \text{NHCHO} \end{matrix}$ ) is now sufficiently well known as a hypnotic to require no special description. It possesses undoubted advantages over other similar new hypnotics, in

Prompt and Quick Effect,  
Reliable Action,  
Freedom from Evil Side and After-Effect,  
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## CONTENTS.

### ORIGINAL ARTICLES.

- MEDICAL MYTHS. By C. E. Caldwell, M.D., Cincinnati. 535  
HOW DO WE DETECT THE DIRECTION FROM WHICH  
Sound Comes? By Gould Smith, M.D., Taylorsville,  
Ill. 542

### SOCIETY REPORTS.

- CINCINNATI MEDICAL SOCIETY.  
Meeting of April 5, 1892.  
Adenoid Vegetations of the Naso-Pharynx. By J. A.  
Thompson, M.D. 545

### EDITORIAL.

- MEDICAL COLLEGES. 554  
EDITORIAL NOTES: The Legislature of Ohio.—Jefferson  
Medical College. 555-556  
The Ohio State Medical Society. 556

### TRANSLATIONS.

- THERAPEUTIC NOTES. By F. H. Pritchard, M.D., Nor-  
walk, O.  
The Functional Importance of the Cochlea.—A New  
Remedy for Rheumatism. 544  
How to Administer the Ethereal Extract of Male  
Fern.—Paracresotat of Soda in the Intestinal  
Catarrhs of Children. 542  
A Tonic Wine of the Extract of the Kola Nut.—Osmic  
Acid in Goitre. 549  
Treatment of Tuberculosis with Cinnamyllic Acid. 550  
New Methods of Obtaining Cocaine Anesthesia. 551  
Acute Gonorrhœic Albuminuria and its Treatment.—  
Digitaline in Therapeutics. 552  
Benzo-Naphthol.—Chronic Diarrhœa of Children.—  
Articular Rheumatism. 553

Contents continued on Advg. p. 4.

## TO OUR READERS.

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A WEEKLY JOURNAL OF  
MEDICINE AND SURGERY.

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CINCINNATI, April 23, 1892.

Whole Volume LXVII.

## Original Articles.

### MEDICAL MYTHS.

An Address delivered at the Commencement  
Exercises of Miami Medical College,  
April 1, 1892,

BY

PROF. C. E. CALDWELL, M.D.,

CINCINNATI.

Among the many wise sayings accredited to Abraham Lincoln is the following: "You can fool all the people part of the time; you can fool part of the people all the time, but you can't fool all the people all the time."

A man who has been in the practice of medicine for a number of years might feel inclined to take exceptions to the truth of this statement. Nowhere does the credulity of the people seem so obvious as in the readiness with which a new and startling discovery in medicine finds acceptance among the apparently most enlightened. It is true that among a certain class, who view with a degree of skepticism born of apathy or indifference all that pertains to medicine, we may find exceptions to the rule. Yet even among these, when the matter is brought directly home to them in the form of a personal affliction, skepticism gives way to eager credulity, whenever hope, from whatever source, is offered them. People are quick to believe what they *want* to believe, and reason and argument are alike useless in such cases. It is not among the ignorant and uncultivated alone, that we may expect to find the credulous. All down the ages of history, charlatanism and medical buffonery have found their most ardent supporters and adherents among the cultivated classes. In support of this

statement, I will adduce the example of the great Berkley, the most profound metaphysician and elegant writer of his age, who claimed for his tar-water: "A preparation made by stirring a gallon of water with a quart of tar—all the virtues of a panacea." According to him, "It would prevent small-pox, and was a cure for impurities of the blood, coughs, pleurisy, peripneumony, erysipelas, asthma, indigestion, cachexia, hysterics, dropsy, mortification, scurvy, and hypochondria."<sup>(1)</sup> You will notice the last word of this wonderful list, hypochondria, which might, with a little more truth, have been made to begin and end it. Certainly a striking and sad instance of how foolish even a great and learned man may become, when he ventures to speak with authority on subjects of which he is entirely ignorant. Berkley was a great and good man, but in his effort to be humane, and to give the world the benefit of what he considered a great discovery, he made himself ridiculous. There is something quite *naïve* in the following statement of the virtues of this water: "It is much to be lamented that our Insulars, who act and think so much for themselves, should yet, from grossness of air and diet, grow stupid, or doat sooner than other people, who by virtue of elastic air, water-drinking, and light food, preserve their faculties to extreme old age, an advantage which may perhaps be approached, if not equaled, even in these regions, by tar-water, temperance, and early hours."<sup>(2)</sup> Bishop Berkley might well have learned and laid to heart that first and greatest of the aphorisms of Hippocrates, that

<sup>1</sup> Oliver Wendell Holmes' "Homœopathy, and its Kindred Delusions."

<sup>2</sup> *Opus. citat.*

"Life is short, art is long, the occasion fleeting, experience fallacious, and judgment difficult." There are many Berkleys in the world, men, and women, too, whose cultivation and intelligence none would care to dispute, who imagine that the positions of prominence which they occupy entitle them to an expression of their views on matters outside their field of observation. It would be well for many to remember the fable of the two asses, one of which was laden with bags of salt, and the other with a cord of wood. They came to a stream, and the ass with the burden of salt bags entering the stream, the salt was quickly dissolved, and the ass came out relieved of his load. He then counseled the other ass to do likewise, but the wood absorbed the moisture, and, the load becoming too heavy, the poor ass sank beneath it and was drowned. The moral of this fable is obvious, and shows the danger of making too wide an application of a single experience. It is this tendency of the human mind, to argue from insufficient data, to deduce erroneous conclusions from false hypotheses—in other words, to be illogical; that is the greatest stumbling-block in the way of the progressive thinker in medical or any other field of science.

How many hundreds of years ago medicine might have evolved from the uncertainties of purely speculative philosophy to the dignity of an experimental science, but for the trammels to which it was subjected from the ignorance and superstition of mankind, it is hard to say. Certain it is, that over two thousand years ago there lived a man of such profound insight into the laws of nature, and knowledge of mankind and his diseases, that such of his works as have been preserved to us, may be, and *are*, still read with profit. This was the divine Hippocrates, the Father of medicine, and even his great name must come down to us with the smirch of charlatanry upon it, for it is reported that among his other great works, he cured King Perdiccas of Macedonia of love-sickness. The immortal Galen, the greatest anatomist

until Vesalius, unless it be Aristotle, that ever lived, owed his fame as a practitioner in Rome to the success of a certain remedy, a sort of cure-all, of which he was the discoverer.

It is this great eagerness on the part of most people to be humbugged, a trait not confined to the American people alone, but to all the descendants of mother Eve, that has made charlatanry the vice of otherwise exalted characters. Man can not live on the revelations of science alone, and unless there be some practical application of such knowledge, "*quid bonum*" cries the *vox populi*, and will have none of it. Even the great Kepler was forced to depend upon the income derived from his fame as an astrologer to aid him in the pursuit of his astronomical studies, and excuses the deception in the following words: "Nature, which has conferred upon every animal the means of subsistence, has given astrology as an adjunct and ally to astronomy." If, then, through the pages of medical history we are confronted only too often with the spectacle of a noble art prostituting itself to vulgar needs, what else can we expect? The progress of medicine as a science is so indissolubly united to the intellectual progress of the human race, that it is a sad commentary upon the intelligence of a person who attempts to cast reflections upon its achievements. Will the same persons who deny a place to medicine in the scientific world, also deny that whatever is to be learned of the diseases which attack the human body must be studied in their effects upon the human body? Do these same people realize that all the knowledge that the world possessed of the structure of the human body, until Vesalius, in the sixteenth century, chanced the perils of the hangman's rope to make human dissections, was purely deductive, and derived from the dissections of the lower animals? And that morbid anatomy was for the first time systematically studied by Morgagni nearly a century later? Have these same people, who attempt to belittle the greatest, because the most comprehensive science that has ever engaged the at-

tention of man, been able even to rid themselves of the foolish sentiment which makes even the contemplation of the dissection of the human body a horror? It is this unwillingness on the part of mankind to consider the true relations of medical science and practice that enables the charlatan who evolves his ideas of disease from his inner consciousness, and deduces from them an absurd and fantastic system of treatment; to prey upon their credulity and offer them hope of cure, when death is inevitable.

We have passed the dark ages of speculative philosophy in medicine. No longer is it possible for a man to advance a chimerical theory of disease, and not be silenced by the forcible arguments or deserved contempt of those competent to judge of its merits. Medicine is, in its broader sense, not the mere treatment of disease, but in the knowledge of its nature, its causes and its effects upon the body, a science founded on accurate observation and rational deductions. If the application of this science in the treatment of disease often falls short of what we could wish, is it not possible to object that there is that in the nature of certain diseases that defies treatment? But the people will have nothing but a cure, and if Dr. Science can't do it, why it will at least do no harm to try Dr. Assurance. It may interest us to consider for a few minutes some of the many delusions which have from time to time obtained more or less credence or support. It may be well to say that during medieval times, in fact, up to the days of modern medicine founded upon pathological research, we could hardly expect to find anything like a scientific theory of disease, when all conclusions in regard to its nature must have been reached through speculative philosophy having no premises worth considering. The old humoral pathology, founded upon the belief that the body was made of humors and solids, and that various changes in their proportions constituted disease, was about as satisfactory as the modern teachings of Christian Science, namely, a mere play upon words. Notwithstanding the unsatisfactory state of

medical science at this early date, we are still prepared to declare that medicine was abreast of the times. Francis Bacon, who *might* be considered at least a fair example of average intelligence, gravely considers as to whether he is altogether prepared to endorse the weapon ointment. This belief in the efficacy of the so-called weapon ointment was one which prevailed so widely that we find frequent references to it in literature. Dryden refers to it in his review of the "Tempest." Scott, in his "Lay of the Last Minstrel." The cure consisted in the application of an ointment to the weapon which caused the wound, while the wound itself, after washing and bandaging, was let alone. The astonishing success of this treatment was attributed very much in the same way to the ointment applied to the weapon, as some surgeons to-day attribute the success of aseptic surgery to the number of noxious and vile smelling drugs, which, after cleansing the wound, they may see fit to use in the bandages. In neither instance has the thought, that perhaps the success of the treatment was due to cleanliness and non-interference, seemed to dawn upon the minds of the enthusiastic advocates of either method.

Another of the humbugs which for a time served to delude prince, poet, and peasant, was the so-called sympathetic powder, introduced by Sir Renelin Digby, cotemporary with King James I. and his son Charles. Sir Renelin obtained this powder at the price of a great servjce from a friar in Florence, who, in his turn, had brought it from the East. It will be invariably noticed that humbugs are imported—far-fetched and dearly bought. This powder had the wonderful power of curing a wound when applied to the garments of the person injured. When you come to think of it, this way of using the powder was a most ingenious idea. When any one was too severely injured to admit of delay, a scrap of clothing could be carried to the possessor of the powder, and the cure be in progress and the fee collected at once. In a day when travelling was

poor, and remittances by mail were unknown, the advantages of this method of treatment were too obvious to require argument. King James and Charles I. both learned the secret and application of this powder, but alas, the little operation which the latter underwent at Whitehall, was too severe a test of the efficacy of the cure. Another remarkable cure was born in the brain of a man who, in the early half of the last century, first saw the light in the state which has since produced the wooden nutmeg. His discovery was, as is usual in such cases, the result of many years of patient investigation, which had at last been crowned with deserved success; a success which was not founded upon mere assumption, but on the results obtained in thousands of cases cured by its means. Hereto a list was appended of certificates from clergymen and other learned people equally competent to judge of its value, as proven by their individual experience in its employment. The principle involved was a practical application of the newly-discovered theory of galvanism, and the means employed was a pair of what the discoverer was pleased to call *metallic tractors*. These tractors consisted of two pieces of metal, one of which was brass, the other apparently iron. By virtue of some peculiar action upon the animal fibre, these tractors are warranted to cure anything from the spleen to a dog-bite, by passing them gently over the surface of the body, very much in the same way, I suppose, that some of our medical brethren do with the electrodes of a \$1,000 stationary battery. The advantage, from the practitioner's standpoint, is rather in favor of the metallic tractors, for Dr. Perkins, the discoverer and patentee, was enabled to dispose of thousands of his tractors, which cost at the most sixpence, for a guinea a pair, while the electrical specialist is sometimes at great pains to realize a decent interest from the capital invested in his ponderous machine. Perkinism, for the success of treatment by the metallic tractors was such that it soon aspired to the dignity of a new school of medicine, has so thoroughly disappeared in the darkness

of oblivion, that I doubt very much if a pair of metallic tractors were to be resurrected from the rubbish of some colonial attic, whether there could be found an antiquarian to-day who could tell what they were.

But the world is never left long to mourn the death of a great folly. New ones are constantly being born to fill their places. Like the poor, we have them always with us. Among the strangest of such follies is one which has survived the fickleness of several generations of man. This fact alone is sufficient, in the minds of its supporters, to entitle it to a place in the consideration of scientists. Yet, strange to say, it has never been accorded standing-room in the halls consecrated to science. The argument that its age is proof of its merits might, with equal force, apply to spiritualism, or to some of the many great religious faiths, which, for centuries, have numbered their votaries by millions, and finally faded, like a mist, in the bright sunshine of intellectual enlightenment. This particular folly owed its origin to the ingenious speculations of one Samuel Hahnemann, who, by some of his enthusiastic disciples, has been called, with questionable taste, the "Messiah" of medicine. Now, in criticizing the theories taught by Hahnemann, I shall have occasion to say much that may be offensive to the ears of many who still profess to adhere to a system founded on his teachings. If such are to be offended, I beg leave to say that in a spirit of fairness and justice, I shall state nothing, the truth of which is not vindicated in the works of this man, or those who see fit to be called his disciples. If any statements are made which seem too ridiculous to be credible, I shall simply refer all such as doubt their truth to the works in question. In the first place, to give a short biography of this wonderful man. He was born in Germany, in 1755, and died at the advanced age of eighty-seven; his longevity, according to some, being a very strong argument for the truth of his theories.

These doctrines are set forth in his "Organon" and "Treatise on Chronic



Diseases." The first of these doctrines is that expressed by the Latin aphorism "*similia similibus curantur*," or like cures like; that is, that diseases are cured by drugs capable of producing symptoms similar to those produced by the disease itself. Hahnemann further teaches that disease is not an entity, but a spiritual essence or *anima*, and should be recognized, not by physical signs, but by a collection of symptoms; that these symptoms are the disease, and that the disease is to be cured by the administration of medicines which would of themselves produce similar symptoms in a healthy person. Moreover, that medicines are most effective in what is called their highest potency, or, in other words, in infinitesimal dilution. Now, at the risk of boring you, but in order to justify what I shall have to say in regard to the influence of this man and his teachings, I would like to call attention to the rules laid down in his work on chronic diseases, for preparing his dilutions: "A grain of the substance (if solid) to be employed as a cure, a drop, if it is liquid, is added to about a third part of one hundred grains of sugar of milk, in an unglazed porcelain capsule, which has had the polish removed from the lower part of its cavity by rubbing it with wet sand; they are to be mingled for an instant with a bone or horn spatula, and then rubbed together for six minutes; then the mass is to be scraped together from the mortar and pestle, which is to take *four* minutes; then to be again rubbed for *six* minutes. Four minutes are then to be devoted to scraping the powder into a heap, and the second third of the hundred grains of sugar of milk to be added. Then they are to be stirred an instant and *rubbed* six minutes, again to be scraped together four minutes and forcibly rubbed six; once more scraped together for four minutes, when the last third of the hundred grains of sugar of milk is to be added, and mingled, by stirring with a spatula; six minutes of forcible rubbing, four of scraping together, and six more (positively the last six) of rubbing, finish this part of the process.

Every grain of this powder contains the one-hundredth of a grain of the

medicinal substance, mingled with the sugar of milk.

If, therefore, a grain of the powder just prepared is mingled with another 100 grains of sugar of milk, and the process just described repeated, we shall have a powder of which every grain contains the hundredth of the hundredth, or the ten thousandth part of a grain of the medicinal substance. Repeat the same process with the same quantity of fresh sugar of milk, and every grain of your powder will contain the millionth of a grain of the medicinal substance. When the powder is of this strength, it is ready to employ on the further solutions and dilutions to be made use of in practice. A grain of the powder is to be taken, a hundred drops of alcohol are to be poured on it, the vial is to be slowly turned for a few minutes, until the powder is dissolved, and two shakes are to be given to it.

On this point I will quote Hahnemann's own words: "A long experience and multiplied observations upon the sick, lead me, within the last few years, to prefer giving only *two* shakes to medicinal liquids, whereas I formerly used to give *ten*." The process of dilution is carried on in the same way as the attenuation of the powder was done: each successive dilution with alcohol reducing the medicine to a hundredth part of the quantity of that which preceded it. In this way the dilution of the millionth grain of medicine contained in the grain of powder operated on is carried successively to the billionth, trillionth, quadrillionth, quintillionth, and very often much higher functional divisions. A dose of any of these medicines is a minute fraction of a drop, obtained by moistening with them one or more little globules of sugar, of which Hahnemann says it takes about two hundred to weigh a grain.

As an instance of the strength of the medicines prescribed by Hahnemann, I will mention carbonate of lime. He does not employ common chalk, but prefers a little portion of the friable part of an oyster shell. Of this substance, carried to the sextillionth degree, so much as one or two globules of the size mentioned can convey is a

common dose. But for persons of very delicate nerves it is proper that the dilution should be carried to the decillionth degree. That is, an important medicinal effect is to be expected from the two hundredth or hundredth part of the millionth of the millionth of the millionth of the millionth of the millionth of the millionth of the millionth of a grain of oyster shell. This is only the tenth degree of potency, but some of his disciples profess to have obtained palpable effects from much higher dilutions.<sup>(1)</sup> As to Hahnemann's theory that all diseases, of whatever nature, were due to *psora*, or, in other words, the *itch*, we shall have nothing to say, except that such of his disciples as had the hardihood to question it, were violently denounced as apostates from the faith.

I have endeavored in this brief description to outline the teachings of the man whom his descendants of today are content to honor as the father of their school. If among these there are some, and we know there are, who no longer adhere to homeopathy in its purity, who, in their own words, practice "*both ways*," they are apt to be pointed out as examples of great liberality, and the regular physician who refuses to consult with them is called intolerant. Did any one ever hear of a regular physician who thought it necessary, or considered it worthy of the man of science, to affix a *pathy* of any sort to his name in order to inform the people that here they could find a special kind of cure which they had not yet tried! Homeopathy is beginning to take some of its own medicine; people who were formerly its firmest advocates are beginning to worship false gods; always on the alert for something new they are successively trying the faith cure, vitapathy, or Christian science.

It is a trifle amusing to hear a person who has been pinning his faith to the decillionth of a drop of moonshine, wondering at the credulity of a less enlightened individual who has given

himself into the hands of a Christian scientist. Now, Christian science teaches that there is no such thing as disease; that we only imagine sickness; that there is no such thing as contagion; that all the symptoms which we consider the result of disease are simply due to being out of harmony with the Creator, and that if we have faith we can demonstrate (I believe that is the term) ourselves into a condition of health. Absurd as this theory seems to us, it is hardly more so than some of the teachings of Hahnemann. Like him, they base their conclusions on the fact that of a certain number treated in this way some get well.

When will the people learn, and physicians teach, that there are a large number of diseases, particularly infectious diseases, which have as distinct a natural history of their own, if *let alone*, as the minute vegetable organisms which cause them? It is our duty as physicians to put ourselves in the proper light before the people, to teach them something of the nature of disease. It is the desire on the part of ignorant physicians to pose as miracle-workers, to prate of cures, that fosters ignorance and renders their patients ready prey to impositions of all sorts. We can afford to be charitable to the ignorance of others when we stop to consider how little we know, how much there remains to be learned. It will not do for us to disregard the fact that sham and pretension too often masquerade in the garments of science. We are only too often reminded of the astonishing credulity or shameful unscrupulousness of those of our own profession who are constantly lending their names as indorsements to drugs of unknown or questionable value.

Can we wonder at people turning in despair to homœopathy, Christian science, or any other humbug, when they have been dosed by some unscientific and ignorant regular with every nauseous mixture in the pharmacopœia? Is it not often the mere rest, and cessation of making laboratories of their stomachs, that is the secret of recovery? Not that I would belittle the value of

<sup>1</sup> Locus cit.

drugs, but that I simply deplore the frequency with which they are irrationally employed. The great English physician, *Graves*, who wrote his own epitaph, "He Fed Fevers," condensed into those three words the philosophy and wisdom of a life-time.

What shall we say of those scavengers, those hyenas, who prowl about the laboratories of science, eager to seize upon stray ideas which they may utilize in the realization of their own sordid ambitions; who demonstrate to admiring friends the wonders of bacteriology, and straightway rush into print with some impossible agent of destruction to a hitherto incurable disease? As long as the medical journals of the day continue to give commendatory notices to secret nostrums without attempting to investigate their nature or merits, can we wonder that discredit should be reflected on the profession which subscribes to and sustains them? When medical men permit the secular press to publish and magnify their exploits, can they wonder that the public fails to discriminate between the regular and the advertising charlatan? I would not imply that there is connivance in all such publications, for an unscrupulous and sensational press, which does not hesitate to invade the sanctity of the home, also claims for itself the privilege of sending its emissaries into the wards and operating-rooms of our hospitals, and under the pretext of protecting the people's interests gathers in a chapter of horrors with which to satisfy the vulgar curiosity of the mob. With such an existing state of affairs, even the most modest and retiring of men must be powerless to prevent the notoriety which attaches to a position in a public institution.

If there be any argument which can be advanced against democracy, it is the lack of fostering protection to the sciences. When every effort in the direction of the higher education of the profession and the suppression of quackery is met with the open hostility of a press which, while professing to educate, panders to all that is base and degrading in its readers, how can we expect to obtain control in all that per-

tains to the sanitary welfare of the nation?

In a day when creeds are being shaken to their foundations, when, as Dr. McCosh says, "the heterodoxies of yesterday become the orthodoxies of to-day," is it any longer possible for sectarianism in medicine to exist? Does not the multiplication of schools tend to subvert the best interests of the profession at large? Is the regular profession maintaining an attitude of intolerance when it refuses to recognize the various new sects which from time to time spring up, and, without any claim to scientific acquirements, demand representation in the hospitals on the strength of a certain degree of popularity and the support of a few biased and partisan adherents? Is not the acknowledgment of a creed in medicine a stultification of all scientific pretensions? "Creeds," as an eminent divine has said, "are but the husks of belief." Because scientific medicine recognizes the fact that cold water is often an effective agent in the treatment of disease, does it assume the name of hydrotherapy? Because it recognizes the fact that a drug may occasionally produce symptoms similar to those of certain diseases, and that frequently repeated small doses of medicine are often as efficient as a single large one, does it make a universal law of a few isolated and irrelevant facts, and adopt the name of homœopathy? Because it is in the broadest sense of the word eclectic, choosing the best of all that science reveals to aid it in the knowledge of disease and its treatment, need it claim special recognition as a distinct school on that account? No! far from being intolerant, the truly educated man of to-day deprecates the necessity which forces him to assume the attitude which he is in conscience bound to assume towards the irregular schools. It would be as silly to conceive the existence of two schools of astronomy, one adhering to the Ptolemaic system and the other to the Copernican. If there is any progress to be made in medical science in this country, it must receive the undivided support of the people, and as long as this support is to be diverted

into as many channels as there may arise sects in medicine, the outlook is gloomy.

There is, however, one ray of hope that comes to us in contemplating the future of our art, and that is that the more educated and enlightened of every sect will come gradually to the realization of the fact that adherence to medical creeds is as inimical to the welfare and success of the science of medicine as sectarianism in religious belief is to the unity of the human race. In the millennium of medicine the grotesque monsters of medical dogma will have ceased to exist, and will only be utilized in the manner of the paper dragons of the stage—to recall a fabled and mythical past.

#### HOW TO ADMINISTER THE ETHEREAL EXTRACT OF MALE FERN.

Dr. Crequy (*Lo Sperimentale*, No. 4, 1892) prescribes the ethereal extract of male fern as follows:

- ℞ Ethereal extract male fern, gms. 5  
(℥. 3ij).  
Calomel, . . . . . dgms. 8  
(grs. xij).

Sufficient for fourteen capsules. Two capsules every ten minutes.

This prescription is based upon the fact that the active and toxic principle of the male fern is soluble in fatty oils. Hence castor oil, the common purgative after male fern, should be avoided in the expulsion of tænia by this drug.

#### PARACREOSOTATE OF SODA IN THE INTESTINAL CATARRHS OF CHILDREN.

Dr. Egaye (*Bulletin générale de Thérapeutique*, January 30, 1892) recommends the following formula:

- ℞ Sodium paracreosotate, dgms. 1-2  
(grs. jss-ijj).  
Tinct. of opium, . . . . . gtts. 2-4  
Cognac, . . . . . gm. 1  
(℥xv).  
Syrup of gum arabic, gms. 5  
(℥. 3jss).  
Distilled water, . . . . . gms. 25  
(℥. 3vj).

A teaspoonful every two hours.

—[Pritchard.]

#### HOW DO WE DETECT THE DIRECTION FROM WHICH SOUND COMES?

WITH A REPORT OF CASES.

BY

GOULD SMITH, M.D.,  
TAYLORSVILLE, ILL.

#### CASE I.

Mr. K., while in the service of the United States in the late rebellion, belonged to one of the batteries, and during one of the battles was engaged in firing a large cannon; at one of the discharges he noticed a sharp pain in one ear, and when examined it was found that the membrana tympani was ruptured, resulting in the loss of the bones of that ear, with a total loss of hearing.

The feature I wish to call your attention to in this case is his inability to detect the direction from which a sound comes since the occurrence of this accident, unless he could see the person or object which produced it. To illustrate: One of his greatest sports was that of hunting, but since the loss of his hearing he has had to deny himself his favorite sport, because he was not able to direct sound. If in any way he became separated from his companions so he could not see them and then wished to join them again, he would call and receive an answering call, but could not tell what direction to take to go to them, unless by several successive calls, and then if he went in the wrong direction the sound would become more and more distant and indistinct; or if otherwise (he was going towards them) the sound would become nearer. In hunting squirrels or other small game, if he did not see them he could not tell by the sound they made in what direction to look for them. The same difficulty was experienced if any one called to him, always having to look around in order to see where the sound came from.

#### CASE II.

While in Cincinnati in the spring of 1889 I related the above case to some

three or four physicians who were visiting the city. One of them stated that he was almost entirely without hearing in one ear, and he also experienced the same difficulty of directing sounds. If any one should call to him on the street, or anywhere else, and he did not see them, it was impossible for him to judge in what direction the call came.

## CASE III.

While in Jacksonville, Ill., in the fall of 1880, one of the oldest physicians of the place, Dr. Harriott, related a case he had at that time of a lady patient who was troubled with female disease (he could not diagnose just what it was). She stated, with the rest of the symptoms, that she was troubled with loss of hearing and a constant tinnitus aurium in one ear. I asked in relation to her being able to judge as to the direction of sound. The doctor answered that she frequently stated to him that she was unable to tell from what direction sounds would come to her.

## CASES IV AND V.

I was conversing with a friend on the subject of hearing. He said that some years ago he suddenly, from some cause or other, lost his hearing in one ear entirely, and during that time it was impossible for him to direct sound. If he should go in the direction he thought the sound came from he would almost always find that he was going in the opposite direction to what he should take, learning that he must go in a direction opposite from that which his judgment would tell him the sound came. When he regained his hearing in the ear again (which returned as suddenly as it was lost), he said he experienced no more trouble in judging accurately the direction of sounds.

A son also stated that at one time, while suffering from a very severe cold with acute inflammatory trouble of the posterior nares and pharynx, he lost for a time the hearing of one ear, and during this time he could not direct sounds, experiencing the same trouble his father had.

## CASE VI.

This case has come under my observation recently. An old gentleman of this place, Mr. L., has lost the hearing of one ear, a sequence of old age—he is now over eighty years of age. He says he cannot tell in what direction sounds come from. To illustrate his case, I will give one incident as he gave it to me. One day, while walking on the O. & M. Railroad track towards the Wabash crossing, he heard a train coming towards him. He watched to see it pass on the Wabash road before he should come to the crossing. The sound came nearer and nearer to him, when of a sudden he looked behind him, to see that the train was nearly upon him on the O. & M. track.

I find that nothing definite is given as to in what special part of the ear is located the function by which we direct sounds. One physiologist says that the direction from which the sound comes to us is determined by rotating the head from side to side. This might be true of a long or more or less continuous sound, but when the sound is sudden and short in duration, such as the report of a cannon or an explosion, the time is too short to judge of the direction of sound in such a manner.

One author says that it has been supposed that the power to direct sounds may lie in the semi-circular canals or in the cochlea of the ear, yet it was not demonstrated that any such function existed in these parts by recent investigation or by any special anatomy of the parts. We often hear sounds several miles in the distance which are very sudden and short. We are sure to judge from what direction it came, and one who has given any attention to it will be able to judge quite accurately.

The cases I have given are to show that this function of directing sounds depends upon having (1) perfect hearing in both ears, and (2) that it is a function which we get from our training in childhood. Therefore when the hearing in one ear is lost from any cause this special function is entirely lost.

In Cases IV and V you will see that this function was regained when the hearing in the ear had returned. Case I has lasted over twenty years without being able to regain this power to direct sound at all.

The cases were not tested as to the exact loss of hearing in the one ear or the exact amount retained by the sound ear; but the hearing in one ear was entirely lost, or very nearly so, while the hearing in the other ear was fairly good, if not entirely so. No matter in what part of the ear this function may be located, it is essential that the hearing should be perfect in both ears.

It would seem that after a time, by training and observing sound, the person could partially regain the power of directing them. When the loss of hearing was temporary, and upon a return to perfect hearing in both ears, the function was regained at the same time; otherwise the ability to direct sound was entirely lost, without any regard as to the length of time of the disability.

The first case came under my observation by accident, and my attention was specially directed to the loss of ability to direct sounds, which was a great loss to him, so that he was compelled to give up his favorite sport, which was a great deprivation to him. Since observing this one case I have been able to add the remaining ones. I may be able to add to these at some future time. If any one reading this paper has noticed similar cases I should be pleased to hear from him.

#### THE FUNCTIONAL IMPORTANCE OF THE COCHLEA.

Corradi (*Archiv. f. Ohrenheilkunde*, B. XXXIII, H. 1.) sums up his conclusions from an experimental study of this subject as follows:

1. That in the human labyrinth, other portions besides the cochlea exist where acoustic impressions can be received, is not as yet demonstrated. In guinea-pigs, after complete destruction of both cochleæ, total and permanent deafness is observed.

2. Partial injury to both cochleæ does not necessarily lead to complete

and permanent deafness; on the contrary, it sometimes occurs that, either immediately after the operation or after a little time, the hearing power returns, owing to the remaining uninjured parts. In such cases the temporary impairment of hearing must be attributed to shock, to loss of blood, or to the reactive inflammatory disturbance. The objection which may perhaps be raised that, because, after injury of both cochleæ, a certain degree of hearing may remain in many cases, other parts besides the cochlea should exist in the labyrinth where sound impressions are perceived. C. considers unfounded, since in the first place, as his experiments show, all hearing is lost if, instead of partial, complete destruction of both cochleæ is caused; and secondly, because, in those cases where after injury some hearing remains, the degree is usually very variable. Were this due to other portions of the labyrinth and not to the uninjured remaining parts of the cochlea, it should exist not only in all cases of total or partial destruction, but its degree should always be the same. Thus it becomes easy to explain those cases where slight hearing has been observed after partial throwing off of the cochlea.

3. It is very probable that the perception of different tones, according to their pitch, takes place in different parts of the cochlea, and the deeper the tone the nearer to the apex is situated the part of Corti's organ by which it is perceived.

—*Brooklyn Med. Journal.*

#### A NEW REMEDY FOR RHEUMATISM.

At a recent meeting of the Berlin Medical Society, Dr. Paul Guttman recommended a new medicament called salophen. It is a finely crystalline substance, easily soluble in ether and in alcohol, but not soluble in water. It consists of salicylic acid and acetylparamidophenol in almost equal parts. Six to eight grammes can be given daily without injury to the patient. It has a slight anti-febrile effect.

—*The Lancet.*

## Society Reports.

### THE CINCINNATI MEDICAL SOCIETY.

#### OFFICIAL REPORT.

*Meeting of April 5, 1892.*

The President, F. W. LANGDON, M.D.,  
in the Chair.

L. S. COLTER, M.D., Secretary.

DR. J. A. THOMPSON reported a  
case of

#### *Adenoid Vegetations of the Naso-Pharynx.*

The vascular supply of the naso-pharynx—the structure being really one large gland, the so-called pharyngeal tonsil—is very profuse, and consequently we have as a necessary corollary to a great supply of arterial blood a very profuse and complicated lymphatic system here. The so-called hypertrophy of the pharyngeal tonsil is an overgrowth of this lymphoid tissue. From some exciting cause it takes on an abnormal growth, preserves in itself the normal histology of lymphoid tissue, but by its growth constitutes a tumor of this region.

The causation of this condition is not very well defined. Many cases are congenital; the child is born with this condition. I recall from my experience one case of this kind where I had operated on the father for papillomata of the larynx a few days before the child was born, and, as the minds of the parents were filled with thoughts of throat tumors, they noticed within a few days muffled, a muco-purulent discharge from the nose, and beginning slight dyspnea. At three weeks I found the naso-pharynx occupied by an adenoid vegetation, which growth I removed with a curette, and the child made a perfect recovery. The operation was performed when the child was only a month old.

It is a disease of childhood. I think Bosworth is in error in placing a number of cases that he has in this category. He has recorded several cases from forty

to fifty years of age which he diagnoses as this condition. But cases of excessive hypertrophy of the granulations in ordinary pharyngitis sometimes undergo a mucoid degeneration and present all the superficial appearances of adenoid vegetations. I do not think these present true hypertrophy of the pharyngeal tonsil. Leaving out of question Bosworth's statistics, more than half the cases will be found in children under fifteen years of age. If the condition was better known among physicians, and was recognized more easily than it is, I think we would find that under the age of seven years we would find most of the cases. On the other hand, Solis-Cohn has reported two cases of hypertrophy of the pharyngeal tonsil in adults, and he discovered them accidentally while treating the cases for laryngitis.

Heredity is a powerful factor in the causation of these growths. I have under treatment a child that is the fourth one in this family with this condition. One I operated on five years ago; two died in convulsions, which I think suffered from this same condition.

The pathology of this condition needs only a few words. Externally we have an irregular growth, often compared to a bunch of grapes, really a single tumor split into a number of deep fissures or lobes. This is covered by a layer of columnar ciliated epithelium, which dips in between the lobes. In the lobes themselves there is no epithelial tissue, but we have an hypertrophy of the normal tissue very poorly supplied with blood-vessels. Mucoid degeneration has often occurred, making it difficult to separate the connective from the adenoid tissue.

Of the symptoms that accompany this condition the muco-purulent discharge is the most prominent in the early stages, and is the one that attracts attention first. The vascular supply of the growth is poor. The epithelial layer is usually but a single layer of cells, and the serum of the vessels seeps and oozes through. The structure of the vessels in the growth is not a perfect one, so that the vessels are easily ruptured, and slight hemorrhages fre-

quently occur. The follicles of the growth are a good culture-ground for the pathogenic organisms, and the serum furnishes then an abundant nutrient fluid, so that we have a favorable condition to produce the muco-purulent discharge, which drops into the throat; or, if the growth be large, it falls forward through the nostrils.

There is a very marked alteration of the voice if the naso-pharynx is at all filled with this growth. In a paper which I presented to this Society some time ago, on the physiology of the nose, I called attention to the fact that the tones of the voice are not simple tones, but are made up of a fundamental tone and a number of harmonics, which Helmholtz calls overtones. These overtones are normally produced in the naso-pharynx or nose. Where obstruction occurs here the alteration of the voice is so characteristic as to be recognized almost as soon as the patient speaks, and seems to have a greater influence in modifying these overtones than the obstruction of the nose itself. The ability to pronounce nasal sounds is usually lost entirely. There is no possibility of singing for a child with this growth. The larynx makes an effort to overcome this obstruction and tires very easily. I saw a beautiful example of this a few days ago in a soprano, well known in this city, who had lost her head-register entirely, and the whole cause of the trouble was a comparatively slight hypertrophy of the inferior turbinated at the posterior extremity. A few cauterizations of this region restored the voice, because it relieved the overtaxed larynx.

With the nasal stenosis that comes when these growths are at all large we have mouth breathing and the facial expression very much altered. This facial expression is altered from two reasons: the mouth is always held open and gives the characteristic stupid appearance, and the interference with the nasal circulation results in a swelling of the root of the nose and a discoloration of the parts around this region. There is also in this condition of obstruction of the naso-pharynx, from reflex causes or from others not well understood, cer-

tainly a marked interference with the cerebral circulation. This condition has been noted only recently by observers, and as yet I do not know of any plausible explanation of the condition. But that it does exist, clinical observers are convinced of. There is an interference with the cerebral circulation that renders the child stupid and unable to continue mental effort for any great length of time.

The secondary diseases in the ear are among the most important symptoms of adenoid vegetations in the pharynx. The chronic form of purulent otitis media is one of the most common. If we have not this as a result we are almost certain to have a chronic catarrhal otitis media. I have had an unfortunate experience in this condition in my own family. My little girl contracted whooping-cough, and this condition was developed in the naso-pharynx. It proved to be one of those cases where successive portions of the gland undergo enlargement; it required four operations to remove the growth entirely. Measles coming on developed purulent otitis media, which condition has been treated by the most skilled physicians of this city. While it can be checked, still with any rash exposure the condition returns. If this case comes in a family of a trained specialist, under constant careful watchfulness, what must be the effect on the ear of this growth in the neglected cases that are not recognized by the family physician, or where the parent do not follow advice and do not give the cases the needed attention? The answer to this question is very easily found. The great majority of these cases become deaf in one or both ears and their usefulness in life is diminished fifty per cent.

Headache, in the occipital region especially, is one of the most common symptoms. I have frequently noticed one other symptom in hypertrophy of the pharyngeal tonsil which is not dwelt upon at any length in any word or any magazine article. In ten out of fifteen cases I have found a history of convulsions at some time. This is well illustrated in the family which I cited



few minutes ago to show the hereditary influence. These four children presented about this history: When about six months old the mother noticed that there was an obstruction of the nose: the child did not nurse well, and then would come the nasal discharge; then for two or three weeks, or more, the child would be excessively nervous, would vomit occasionally, and then through some slight derangement of health would come severe convulsions, persisting sometimes for hours. The first two children did not die in the first attack, but the second, third, and fourth came, and finally resulted fatally. The third child began in the same way, and was finally brought into the clinic at Miami College in a convulsion. I chloroformed the child to stop the convulsion, and removed the vegetation at the same time. The growth returned several times, and with every return of the growth there was a return of the convulsive attacks, that were speedily arrested by anæsthetizing the child and removing the growth. The fourth child is not quite six months old, but has begun to show the characteristic symptoms. I intend to operate on it to-morrow. The history of every case that I have ever treated and inquired into carefully has shown between the age of six months and two years, at some time, the occurrence of convulsive attacks.

The diagnosis of this condition is made in part from the characteristic facial expression, from the alteration in the voice, by posterior rhinoscopy if the child is old enough to permit of this method of examination, and sometimes the lower border of the growth projects below the lower border of the soft palate, and can be seen by the direct examination. More frequently, however, it carries the palate down before it, and you only see the palate depressed or lowered. Where a direct view cannot be obtained, or where posterior rhinoscopy cannot be practiced, you can sometimes see through the nasal cavity. If you cannot get the view, directly or indirectly, and you are suspicious, from symptoms, that

this condition exists, it is perfectly justifiable to put in the mouth gag and to pass the finger directly into the nasopharynx, where, if this hypertrophy exists, the characteristic sensation will be detected.

To make sure that you are not dealing with nasal polypi, it is advisable always to pass the finger to the lower portion of the septum nasi, and follow that up in order to determine the point of attachment of the growth.

The prognosis is always favorable to the recovery from the condition present; not always favorable as to recovery from the resulting ear complications.

I find that the growth recurs in other portions of the field than the one attacked by the operation. I believe the condition to be the same here as it is in nasal polypi. You remove the pressure from the portion of the gland that is diseased, but not yet hypertrophied, and it is very apt to undergo a speedy hypertrophy. Around the site of the old growth there frequently springs up a new growth, not exactly in the same situation, but the same kind of a tumor. A second, third, and sometimes a fourth operation is necessary before the growth is entirely removed and recurrence prevented.

Internal medication has no influence. Caustics are effective in removing the growth if you can apply them without cauterizing something else. They are much slower, however, than the cautery, snare, forceps or curette. Where the growths are small it is possible to remove them by the cautery. But as these cases most frequently occur in children, where the passage is small, I personally prefer other means of destroying these growths. In the use of the forceps you should have two or three different sizes on hand, so as to accommodate yourself to the size and shape of the nasal passage in the child.

In older children the growths can be successfully removed by the forceps under cocaine anæsthesia. But you must pass in a finger at the same time that you attempt to close the cutting edges of the instrument on the morbid growth.

The snare is more difficult of manipulation than the forceps. It does not possess the power that the cutting forceps have of taking some of the normal tissue around the growth, and thus avoid the liability of recurrence.

Ring knives meant to pass in through the nose to the naso-pharynx may be a successful instrument where the hypertrophy is in the lateral portion of the pharyngeal tonsil, but certainly they are awkward and clumsy to operate through the nasal passage. It is much easier to remove through the mouth than through the nose.

The curette is a very effective instrument for removing these soft growths. Among the curettes should be included the nail of the index finger. The growths are ordinarily so soft that they can be easily scraped out by the forefinger. A sharp uterine curette on a copper stem is the best. The copper stem is so pliable that it is easy to accommodate the shape of the curette to any varying arch of the naso-pharynx.

With very small children it is cruel to do this operation without complete anæsthesia; but in older children the use of the cocaine spray or cocaine injected into the base of the growth will overcome the pain.

The case that I wish to report tonight is a clinic case:

Ida H., suffered from a growth of this character from the age of four months. She was brought to the clinic for defect of speech. It was difficult for anyone to understand very much of what she said. Instead of pronouncing "m" like "b," as these cases usually do, she gave it the sound of "w." I asked her to say "among"; it was "awah," as nearly as I can imitate it.

When the girl was six months old she began to have convulsions, which returned at intervals, until the age of seven. A chronic otitis media developed at three years, and the purulent discharge continued until she was between seven and eight years of age. There is no discharge at the present time, and has not been for several months. But on the left side there has been a formation of bands and adhesions that prevent the

restoration of hearing on that side. In addition to the growth in the naso-pharynx there was hypertrophy of the faucial tonsil and a marked hypertrophic rhinitis, which may explain the peculiar tones in this case. As soon as the growth was removed there was marked improvement, and she regained the power of enunciating some of the nasal tones. The tone has been further improved by the removal of the right faucial tonsil, so that at the present time very little of the old defect of speech can be detected. Except for her hearing, I am confident that this girl will have a perfect recovery.

#### DISCUSSION.

DR. LANGDON:

I would like to ask Dr. Thompson what relation there is, if any, between this adenoid condition of the naso-pharynx and what is called post-pharyngeal abscess.

DR. THOMPSON:

I do not think there is any. I never saw a case reported where the two occurred together. Post-pharyngeal abscess is a very rare condition; adenoid vegetation is a very common one.

DR. STEVENS:

Do you always find these cases poorly nourished?

DR. THOMPSON:

Yes; anæmic and badly nourished.

DR. HOLT:

I think that the point the doctor has brought out as to the lack of cerebral development is one of very great importance. It is said by some observers that the growth atrophies at the age of puberty; but the case should be operated sooner, because if not there would be this lack of mental development. I have myself seen a number of cases of this sort in patients about fourteen or fifteen years of age. Previous to that my own idea had been that they occurred only in young people of six, seven and eight years. These cases that I saw seemed to militate against the idea of the atrophy of the glands at puberty.

DR. LANGDON:

I would ask Dr. Holt if he noticed the impaired cerebral activity in these cases.

DR. HOLT:

Yes, partly. That is a point that is insisted upon by all writers, and is certainly one of very great importance. In my own experience I have operated these cases through the nose with the ordinary wire loop.

DR. THOMPSON:

I will illustrate by a diagram my objection to operating with a wire. If you let this represent the normal curvature of the naso-pharynx, and at this point you have a growth, by passing the finger into the naso-pharynx you can recognize the difference between the abnormal and normal tissue by the sense of touch, and where you find the diseased tissue you can often dig out a little bit, penetrating below the surface of the mucous membrane into some of the lymphoid follicles. If that is not carefully done it speedily hypertrophies after the operation, and you do not get relief. The wire snare will cut the growth off at the level of the mucous membrane, and will often leave a half or two-thirds of a lymphoid follicle buried in the membrane.

DR. LANGDON:

The question is a practical one for the general practitioner, because no doubt many of those symptoms of malnutrition, etc., are attributed to bad colds and other causes not so easily removed as these vegetations.

DR. THOMPSON:

I have never cauterized the site of these growths after taking them off. Perhaps I would have had fewer recurrences if I had done so. I have attributed the recurrence to the same change taking place in other parts of the gland that I have not removed.

Relief from the nervousness and excitability is not obtained until the wound caused by the operation heals. Why this should be I don't know.

DR. LANGDON:

It occurs to me to ask in regard to the explanation of that mental deficiency, is it likely that this is a part of the general affection of the lymphoid tissues, which tends to bring about the defective blood formation? Is not there supposed to be cerebral anæmia from lack of blood?

DR. THOMPSON:

That explanation is a plausible one, but it does not account for all of the symptoms. In an adult with hypertrophy of the middle and superior turbinated bodies we have a similar disturbance of cerebral circulation and a similar inability to fix the mind on any form of work; a similar inability for prolonged mental exertion. In a paper on nasal reflexes I cited a case of this kind in the person of a dairyman, who said that even when a business problem was under discussion in his own mind he could not think steadily forward on that topic, but could fix his attention on it for three or four minutes and then his mind would wander off. I have found a similar condition in one of the most prominent contractors in this city. In both these cases it is due to an hypertrophy in the middle turbinate, which was removed by cauterization of these bodies. In these cases there was little or no impairment of general nutrition. The condition in children is not so much stupidity as the inability to fix the mind long enough to remember a fact.

#### A TONIC WINE OF THE EXTRACT OF KOLA NUT.

The following is recommended (*Le Bulletin médical*, No. 17, 1892):

R Fl. extr. kola nut,	gms. 30
(fl. 3j).	
Syrup of oranges,	gms. 100
(fl. 3iijss).	
Tinct. nux vomica,	gms. 10
(fl. 3iijss).	
Port wine,	gms. 900
(fl. 3xxx).	

#### OSMIC ACID IN GOITRE.

Auerbach (*Deutsche med. Wochenschrift*, No. 3, 1892) employs osmic acid, in parenchymatous injections, in the treatment of goitre. He uses five milligrammes at a dose, and follows the injection up by a massage of fifteen minutes' duration. After three weeks he could observe a diminution of one-half in the size of the tumor and the disappearance of the subjective symptoms.

—[Pritchard.

## Translations.

### THERAPEUTIC NOTES

FROM FRENCH, GERMAN AND ITALIAN  
JOURNALS.

TRANSLATED BY  
F. H. PRITCHARD, M.D.,  
NORWALK, O.

#### TREATMENT OF TUBERCULOSIS WITH CINNAMYLIC ACID.

Dr. A. Sanderer (*Wiener med. Presse*, No. 11, 1892) communicated several years ago the results of his treatment of tuberculosis with balsam of Peru. The active principle of the balsam is cinnamylic acid, which he has recently used in his experiments. This drug presents itself as beautiful white and odorless crystals, which are soluble in hot water, alcohol and ether. It was chiefly employed in the following emulsion:

℞ Cinnamylic acid,	gms. 5
( $3i\frac{1}{4}$ ).	
Oil of almonds,	gms. 10
( $3ijss$ ).	
Yolk of an egg.	
Solution of common salt (7 per cent.) sufficient for an emulsion,	gms. 100
( $3iiijss$ ).	

The acid is first rubbed fine with some of the oil, and the remaining oil added, together with the yolk of an egg. The salt solution is then added drop by drop, until the entire weight is one hundred grammes. The yolk must be as fresh as possible, and the salt solution be so added that the emulsion be uniform. The emulsion then presents a yellowish, milky appearance, which reacts acid, and does not change, even after standing several days. Before using it must be rendered alkaline by the addition of 25 per cent. of caustic potash. The change occurs but slowly, and therefore only so much as can be immediately used should be made.

The emulsion was injected intravenously, dose varying from one-tenth to one cubic centimetre; in children and weak persons still less. Eighteen cases of internal tuberculosis were treated thus; nine were cured, of which one was

a mild case, two grave, and one very severe case; six very grave cases were improved, one was uninfluenced, and two died. The time required for treatment is: in mild cases, three months; in severe case, from six to nine months. Even after the treatment has succeeded in making an apparent cure the patient should be under the surveillance of the physician. Too large and frequent doses may produce disagreeable symptoms, yet a nephritis was never observed—said to follow the administration of balsam of Peru.

*Surgical Tuberculosis.*—The writer treated forty-five cases of surgical tuberculosis, out of which thirty-one were cured, seven improved, one uninfluenced and two died, while four were still under treatment. The emulsion is brought into contact with the infected spots as closely as possible, it being injected down to or even into the bone: five cubic centimetres twice a week. The injection is not painful; in fungous tissue not at all. In fistulous processes, where an immediate operation was not necessary, a solution of the acid in alcohol (1:20), together with parenchymatous injections of the emulsion, was employed. If this seemed insufficient, the focus was exposed, curetted, and the cavity tamponed with Peruvian balsam gauze or cauterized with the alcoholic solution. A frequent irrigation of the drained cavity with balsam of Peru or the alcoholic solution was found of service.

*Lupus vulgaris.*—This remedy was employed in fourteen cases of lupus vulgaris, in the following solution:

℞ Cinnamylic acid,	aa	gm. 1
Cocaine muriate,	(grs. xv).	
Spirits of wine,		gms. 18
(℥. $3iiijss$ ).		

To be used as an injection.

From one to two drops are injected into each node, up to ten injections at one sitting. The injection is made chiefly into the edge of the nodes, and a plaster of balsam of Peru is applied locally.

His conclusions are as follows:

1. We have in cinnamylic acid a remedy which has a great influence upon tuberculosis.

2. It will cause, on local application, local lesions to regress.
3. Intra-venous injection is, with the proper precautions, uninjurious.
4. It will cure a large number of the cases of internal tuberculosis.

#### NEW METHODS OF OBTAINING COCAINE ANÆSTHESIA.

Dr. Schleich (*Lo Sperimentale*, No. 3, 1892) reported a method of obtaining cocaine anæsthesia painlessly. The method is as follows: The spot to be injected with the solution is first rendered anæsthetic by spraying with a solution of ether and petroleum. He uses as an anæsthetic a very weak solution of cocaine, two centigrammes in one hundred grammes of water, and this is quite sufficient, as only the parts infiltrated by the solution are incised. Anæsthesia may also be obtained by injecting pure distilled water; this he calls anæsthesia by infiltration. Solutions of the bromide of potash, caffeine (2 per cent.), and morphine (1 : 1,000) also act as local anæsthetics, and may be substituted for the cocaine solution, which Schleich establishes at 1-5 : 100, or two centigrammes to one hundred grammes of water. After spraying the point of the needle is introduced into the skin, but not below it. Injecting a few drops, a small cutaneous infiltration of the size of a shirt-button is formed; then spray and inject again until the future line of incision is marked by a line of these little infiltrations, situated in the skin. A single Pravaz syringe will form from four to six. The same method may be employed to render anæsthetic the subcutaneous tissues, the muscles and periosteum. With this method the writer has performed sequestrotomies, herniotomies, amputations of the fingers, suturing of the patella, hydrocele operations, extirpations of tumors, nephrorrhaphies, and five laparotomies—in all 224 operations—without ever having recourse to chloroform or surpassing four centigrammes of cocaine. The small quantity of the drug employed insures against poisoning. The maximal dose may be fixed at five centigrammes. If then the symptoms of

poisoning (excitation, loquacity, frequency of the pulse) appear, which he has not observed, one may substitute a solution of the bromide of potash, caffeine, or morphine. He holds that, when possible, one should avoid chloroform, and only use it when this method is insufficient.

The last number of *La Semaine médicale* contains an article by Dr. Courtin, of Bordeaux, France, on a method of obtaining cocaine anæsthesia. The skin is first rendered insensible by a spray of some freezing mixture, an incision is made, and the tissues wet with tufts of cotton dipped in a solution of cocaine, 1 : 30. This method has also been used by an Italian writer in the management of wounds in order to ligate the vessels or suture, but, although, in case of wound of the eyes, a 4 per cent. solution was used, only a diminution of the pain was obtained.

It is doubtful if Schleich's method will take the place of general anæsthesia.

Rhigolene, ether, chloroform, the hydride of amyl, etc., are recommended as local anæsthetics. The chloride of ethyl is also convenient, and gives good results (*LANCET-CLINIC*, No. 9, 1892). The following mixture is praised (*LANCET-CLINIC*, No. 8, 1892):

℞ Camphor,	}	aa	12 parts.
Tinct. aconite,			
Tinct. capsicum,	}	.	4 parts.
Tinct. pyrethrum,			
Essence of cloves,	}	aa	2 parts.
Camphor,			

Dissolve the camphor in the chloroform, add the essence of cloves and the other ingredients.

The following mixtures are also recommended:

℞ Camphor,	3j.
Ether,	3ij.

The ether may be replaced by chloroform.

℞ Chloral hydrate,	3ij.
Camphor,	3ij.
Sulphate of morphine,	3ss.
Chloroform,	3j.

Either of these solutions, if painted on, will produce insensibility to the knife in superficial incisions.

Another local anæsthetic is given in a number of the *LANCET-CLINIC* of 1891. Complete local anæsthesia may

be obtained by applying aniline oil to the part for a short time. A felon, if held in ice-cold alcohol for a time, may be cut without pain. A mixture of equal parts of pounded ice or snow and salt, applied locally until the parts become numb, is also employed. The chloride of methyl has been used for the same purpose.

#### ACUTE GONORRHOIC ALBUMINURIA AND ITS TREATMENT.

Drs. Balzer and Souplet (*La Semaine médicale*, No. 14, 1892), at the last session of the French Society of Dermatology and Syphilography, communicated the results of their observations on albuminuria in gonorrhœa, which bear witness to the relative frequency and importance of the renal complications of this affection. Albuminuria is met with in about 12 per cent. of the cases of acute gonorrhœa, and especially in the cases complicated with orchitis. The urine should be examined with the greatest care. The urine is filtered, treated with acetic and then with nitric acid, and finally with heat. If cystitis be present then the albuminuria should not be placed at the door of this affection, as is often done, for the writers have seen in many cases where subjects suffering from cystitis passed purulent urine, yet which did not exhibit the reaction of albuminuria; while, on the contrary, in cases of cystitis with albuminuria, the purulent deposits persisted in abundance, while the albumen had already disappeared. When the patient has been taking copaiba the urine should be filtered before examining, as the balsamic precipitates must be dissolved in order to get a reaction from the albumen, unmixed with these. The disease may be due to an ascending gonorrhœa (cystitis, uretero-pyelo-nephritis) or to general infection, or to a combination of both, with a predominance of the one or the other.

Two types are distinguished—latent or slight albuminuria, and the grave form. The former presents no other sign than the presence of albumen in the urine. It develops in a latent manner, and no one would suspect its

presence, either in its symptoms or in the consequences. The second form, which is very rare and which the writers have observed but ten times, presents itself under the type of a gastric condition, with anorexia; the tongue is very sabulose, moist, large but not thick, and of a whitish appearance rather than a distinctly dirty look. The gastric state seems to be in direct relation with the albuminuria; it lasts as long as it does. At the same time one observes a series of other symptoms—very intense headache, with prostration, exhaustion, mental and physical inertia; renal and lumbar pains, with lassitude; paleness of the tissues, without any actual œdema or swelling; fever of a low type, oscillating between 38° and 39° C.; sometimes profuse sweating. This picture, as one will readily see, is that of an infectious disease. The duration is uncertain. Under treatment it may last six to eight days, rarely fifteen to twenty, and hardly ever beyond this period. This complication is of prognostic importance, as it gives an index of the extension of the disease, and at the same time may possibly be of etiological import in the development of subsequent renal affections.

The treatment consists in: Rest in bed; partial or absolute milk diet; alkaline drinks, as the bicarbonate and salicylate of soda, in small doses, in lemonade. Rest is of the greatest importance, as patients who are put to bed after entering the hospital rarely present any albuminuria the next morning or the day after. The balsamic preparations and salol appear to have no influence in the production of the disease. In cases where there were traces of albumen in the urine the writers' patients continued to take their copaiba and cubebs, and the albumen disappeared in spite of the treatment.

#### DIGITALINE IN THERAPEUTICS.

Dr. L. Fouquet (*Lo Sperimentale*, No. 4, 1892) prefers digitaline to digitalis in practice. He holds that, employing the plant in the form of a powder, extract, infusion or tincture, it is impossible to have an exact know-

ledge of the amount of active principle being given. The good results obtaining from digitaline support the theory. According to the writer, the bad results obtained by some physicians are due to their using impure preparations of the alkaloid. Crystallized digitaline may be used in the same dose as the amorphous preparation. The writer follows the rule laid down by Huchard: Do not administer digitalis or digitaline when there is hyposystolia or asystolia; wait a few few days, measure the exact quantity of urine passed, administer a purgative, put the patient on a milk diet or regulate it, according to the special case; finally, prescribe digitaline, in a single dose of one milligramme (one-sixty-fourth of a grain), then leaving off the remedy, and in the following days keep the patient on an exclusive milk diet. The use of the drug should not be too long prolonged, as its action is cumulative. If the quantity of urine passed is insufficient, then give one-half a milligramme the next day. These rules have always given the best results. The granules being imperfectly prepared up to now, the solutions are to be preferred. Dr. Potain employs the following formula:

- ⚡ Crystallized digitaline, dgm. 1  
 (grs. jss).  
 Neutral glycerine, . . c. c. 33.3  
 (fl. 3ij $\frac{3}{4}$ ).  
 Distilled water, . . c. c. 14  
 (fl. 3ij $\frac{1}{4}$ ).  
 Alcohol suf. to make . . c. c. 100  
 (fl. 3viiij $\frac{1}{4}$ ).

One cubic centimetre, or forty drops, represent one milligramme of the drug.

#### BENZO-NAPHTHOL.

Benzo-naphthol (*Lo Sperimentale*, No. 4, 1892) is obtained by mixing the chloride of benzoyl with beta naphthol in the cold. It is a crystalline, white powder, without taste or smell, insoluble in water, and only very soluble in chloroform. In the organism it splits into benzoic acid and beta naphthol, of which the former is eliminated as hippuric acid, the latter remaining and acting as an intestinal antiseptic. Its indications are as an intestinal antiseptic, and, according to Willenz, as an anti-helminthifuge. It is given in doses of

five decigrammes, with a daily dose of five grammes for adults and two grammes for children. Always give it in capsules.

#### CHRONIC DIARRHŒA IN CHILDREN.

Dr. F. Combemale (*La Semaine médicale*, No. 14, 1892) recommends the following:

- ⚡ Extr. kola nut, gm. 1 (grs. xv).  
 Syrup of quinces, gms. 60 (fl. 3ij).

To be taken by the teaspoonful within twenty-four hours.

#### ARTICULAR RHEUMATISM.

The following (*Lo Sperimentale*, No. 3, 1892) is recommended as an application in articular rheumatism:

- ⚡ Salol, . . . gms. 4 (3j).  
 Ether, . . . gms. 4 (fl. 3j).  
 Collodion, . . gms. 30 (fl. 3j).  
 Apply locally.

#### PUBLISHER'S NOTICES.

THE Hungarian State Health Commissioner, in a report to the Minister of the Interior (*Pharm. Post*, Vienna, No. 10, 1892) stated that in the treatment of influenza no specific was known, but each case required individual treatment.

Concerning the use of antipyretics, such as antipyrine and phenacetine, it appeared that the latter especially gave good results, while a portion of the patients were less favorably affected by salipyrine.

#### IMPORTANT NOTICE AND REMOVAL.

To avoid failure or doubtful success in use of Peroxide of Hydrogen, be sure you get MARCHAND'S MEDICINAL; no substitute can replace it, statements of dealers, interested or unscrupulous parties to the contrary notwithstanding. There is great inducement to substitute in this article, for the reason that Peroxide made for bleaching and varying trade purposes costs to produce only a fraction of what MARCHAND'S MEDICINAL costs, and the unscrupulous druggist or dealer pockets the difference in profit at the expense of the physician's reputation for skill and MARCHAND'S PEROXIDE OF HYDROGEN MEDICINAL.

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# THE CINCINNATI LANCET-CLINIC:

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Cincinnati, April 23, 1892.

## Editorial.

### MEDICAL COLLEGES.

Modern needs bring to the front some very interesting questions connected with the future of medical colleges. These institutions of learning have been at least partially responsible for the development of these questions, and the present day brings them face to face with several contradictory facts. The future of medical education in the United States is closely bound up with the solution of the problems which are being brought to a focus in our day and generation. Upon the judgment of the present depends the success of the future, because one age only develops the course which must be pursued by the next.

The first fact of importance is, that the standard of medical education must be raised. This includes within it the necessity of more thorough preparation before embarking upon the study of medicine, and the more thorough teaching of the science. No one will attempt

to deny the advisability and actual necessity of this forward move, for every physician must sooner or later appreciate the fact that there is no profession in which a large, liberal education is so necessary as in the medical. While experience is a good teacher, the day has long since passed when physicians are satisfied with experience as the only instructor.

Admitting the existence of the necessity compels us to see what effect it will produce upon the medical colleges. The first and most apparent result is the diminution in the number of pupils, and while this is an end to be desired, we must, at the same time, recognize the fact that diminished attendance means diminished receipts for the college; this latter is not desired by those who have only a financial interest in the college, because when their investment ceases to pay a reasonable interest they cease to allow their money to be used in an unprofitable enterprise, and the medical institute becomes crippled from a lack of funds. This eventually means failure and ruin.

A second result, dependent upon the former, is that scientific zeal ceases to be active when its labors are illy paid, or possibly no payment is received. Thus with the financial stress is combined scientific apathy. The only possible incentive remaining to the professor is the indirect good he obtains from consultations with the graduates of the institution, but unfortunately these must diminish in proportion to the falling off in the number of students in attendance.

These facts, and facts they are, lead us to the dilemma that presents itself:— we require a higher grade of students, capable of receiving and assimilating a higher and more scientific education, while at the same time the incentive (pecuniary) to teachers to exert them-



selves in giving this education becomes less and less. This is the actual condition present in many of our good colleges at the present-day. What is the solution of the conundrum?

To our mind there is but one rational and logical solution, i.e., the teaching of medicine and the running of our colleges must be made independent of the necessity of relying upon the fees received from students for its support. So long as colleges must rely entirely upon these fees for support, so long will it be a financial necessity for them to give diplomas to men and women totally or partially unfit to practice medicine. The financial aspects cannot be made subservient to the scientific; the colleges *must*, therefore, assume to be what they are not.

What, then, would be the best method, in our country, with its peculiarities, of bringing about the desired results? Shall the government, either the national or state, institute medical colleges and furnish the necessary funds for their conduct? We believe this would be an unwise and ruinous course, because of the intimate association with politics that would become necessary, and the almost absolute certainty of contamination this would induce. We have never been sufficiently impressed with the wisdom of governmental control to urge the dependence of scientific institutions upon the guidance and wisdom ordinarily displayed by the governing bodies. We therefore feel that government control is not a thing to be desired.

The only path open to medical education is then through the field of private munificence; thus the objections to the former course can be ruled out, while at the same time all the desirable features may be retained. No wealthy man can spend his money to better ad-

vantage than in endowing a school which has for its object the preventing and ameliorating the sickness, sufferings, and hardships of mankind. That man is truly a public benefactor who thus confers lasting benefit upon the wretched and suffering.

This subject needs more attention from the men in the medical ranks, for in order to accomplish this desirable result it is necessary for the medical men in a community to get together and lay aside all narrow aims for the benefit of the general good. Let us all urge the foundation of a large, richly-endowed medical school in order to be early in the forward movement.

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#### EDITORIAL NOTES.

THE Legislature has given the medical profession two samples of its mental calibre: First, it refused to pass a bill intended as a measure to regulate the practice of medicine in the State, and second, it made an appropriation of \$5,000 for the purpose of testing the value of the so-called cure for drunkenness; each member of the House to nominate one man upon whom the treatment should be tried.

The two actions give a very clear idea of the intelligence of the Legislature, and force us to the conclusion that they have great sympathy for the ambitious but dishonest vendor of secret remedies, while for the body of honest and honorable men who are trying to practice medicine in a legitimate manner they have only contempt.

It would have been just as reasonable for them to have appropriated money to test catarrh, pile and gonorrhœa nostrums, and the public would have received just as much benefit as from the special method chosen. When the law-making body of a State goes

into the quack-medicine business, how can we ever expect the people to receive protection against impostors?

The contumely heaped upon the physicians of Ohio was bad enough, but when the latter step was taken we felt it to be an useless endeavor to influence such men in favor of scientific medicine. We trust a large number of the members of the Legislature will choose themselves for patients, and receive generous injections of—not necessarily gold—but of something they sadly need.

THE Board of Trustees of the Jefferson Medical College, at their meeting of April 7, 1892, instituted a chair of Clinical Gynecology, with a seat in the Faculty, and elected to the new chair Dr. E. E. Montgomery, who has been for a number of years Professor of Gynecology in the Medico-Chirurgical College. They also established the following clinical professorships, electing Dr. F. X. Dercum, Professor of Nervous Diseases; Dr. E. E. Graham, Professor of Children's Diseases; Dr. H. Augustus Wilson, Professor of Orthopedic Surgery; Dr. H. W. Stelwagon, Professor of Dermatology; and Dr. W. M. L. Coplin, Adjunct Professor of Hygiene.

#### LOCAL SOCIETY NOTICES.

##### ACADEMY OF MEDICINE.

Monday evening, April 25, DR. F. KEBLER will read a paper on the "Use of Creosote in Phthisis," with report of a case.

DR. G. A. FACKLER will read a paper on the "Action of Guaiacol in Phthisis."

THE Mississippi Valley Medical Association will hold its eighteenth annual session at Cincinnati, Wednesday, Thursday and Friday, October 12, 13 and 14, 1892. A large attendance and a valuable programme expected.

#### THE OHIO STATE MEDICAL SOCIETY.

The forty-seventh annual meeting will be held at Cincinnati, May 4, 5 and 6, 1892. The sessions will be held in the Y. M. C. A. Building, corner of Seventh and Walnut streets.

##### OFFICERS.

*President*—G. A. Collamore, M.D., Toledo.

*Vice-Presidents*—X. C. Scott, M.D., Cleveland; A. R. Baker, M.D., Cleveland, A. J. Gawne, M.D., Sandusky; F. D. Bain, M.D., Kenton.

*Secretary*—T. V. Fitzpatrick, M.D., Cincinnati.

*Assistant Secretary*—A. Rhu, M.D., Marion.

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*Committee of Arrangements*—Drs. N. P. Dandridge, Geo. A. Fackler, A. W. Johnstone, A. B. Richardson, E. W. Mitchell, P. S. Conner, F. W. Langdon, C. A. L. Reed, J. C. Oliver, C. R. Holmes, Thad. A. Reamy, Byron Stanton, Wm. Judkins, A. B. Isham, T. V. Fitzpatrick.

The following is the programme of proceedings:

##### *First Session—Wednesday, May 4.*

1. Call to order.
2. Prayer.
3. Report of Committee of Arrangements.
4. Business which requires early consideration.
5. Annual Reports of (a) Treasurer and Librarian; (b) Secretary.
6. Reports of Standing Committees: (a) Committee on Admissions and Medical Societies; (b) Committee on Finance; (c) Committee on Publication; (d) Committee on Legislation; (e) Committee on Ethics.
7. Reports of Special Committees.
8. Appointment of Committee on Nominations.
9. Papers:
  - a. "Home Treatment of Paroxysmal Inebriety," Dr. L. B. Tuckerman, Cleveland.
  - b. "The Uses of Alcohol in the Treatment of Disease," Dr. J. P. Baker, Findlay.
  - c. "Treatment of Acute Œdema of the Larynx," Dr. Auguste Rhu, Marion.
  - d. "Herpes of the Buccal Mucous Membrane," Dr. J. E. Boylan, Cincinnati.

##### *Evening Session.*

1. Gymnasium Exhibition. By Dr. A. T. Halstead, Cincinnati. This exhibition will be given in the Y. M. C. A. Gymnasium, at 7:30.
2. Papers:
  - a. "The Doctor's Hands," Dr. Dan Millikin, Hamilton.
  - b. "Music in Medicine," Dr. C. H. Merz, Sandusky.

- c. "Medical Education," Dr. J. H. Calvin, Huron.
- d. "The Battle with Germs," Dr. Julia W. Carpenter, Cincinnati.
- e. "Indigestion," Dr. W. T. Barnes, Fredricksberg.

*Thursday, May 5—Morning Session.*

- 1. Surgical Clinics, 8:30 to 10 a.m.: Cincinnati Hospital, Free Surgical Hospital for Women, German Hospital.
- 2. Papers:
  - a. "Meckel's Diverticulum as a Cause of Intestinal Obstruction," Dr. Dudley P. Allen, Cleveland.
  - b. "Report of Abdominal Surgery for 1891," Dr. C. A. Kirkley, Toledo.
  - c. "A Report of Abdominal Operations," Dr. T. Dod Gilliam, Columbus.
  - d. "Aseptic Gangrene," Dr. C. B. Parker, Cleveland.
  - e. "The Radical Operation for Varicocele, with Report of Twelve Cases," Dr. B. Merrill Ricketts, M.D., Cincinnati.
  - f. "Injuries of the Shoulder," Dr. F. Griswold, Sharon, Pa.
  - g. "Rupture of the Diaphragm, an Experimental Study," Dr. G. W. Crile, Cleveland.

*Afternoon Session.*

- 1. Report of Committees.
- 2. Election of Officers.
- 3. Selection of place for the next meeting.
- 4. President's Address. By Dr. G. A. Collamore, Toledo.
- 5. Papers:
  - a. "The Surgery of the Prostate," Dr. P. S. Conner, Cincinnati.
  - b. "The Treatment of Certain Forms of Club Foot," Dr. W. E. Wirt, Cleveland.
  - c. "The Infant's Prepuce," Dr. C. N. Smith, Toledo.
  - d. "External Urethrotomy for Stricture," Dr. J. A. Hobson, Flushing.
  - e. "Intubation vs. Tracheotomy," Dr. Thomas Hubbard, Toledo.
  - f. "Appendicitis," Dr. J. A. McGlenn, Mt. Pleasant.
  - g. "A Contribution to the Operative Treatment of Chronic Catarrhal Appendicitis," Dr. R. Harvey Reed, Mansfield.
  - h. "Rupture of the Uterus in the Early Months of Pregnancy, with Report of Case," Dr. H. B. Gibbon, Tiffin.
  - i. "The Modern Cæsarean Section: How and When Performed." Illustrated by Drawings and Manikin. Dr. E. Gustav Zinke, Cincinnati.
  - j. "Galvanism in Fibroid Tumors of the Uterus, with Report of Cases," Dr. T. M. Wright, Troy.

*Evening Session.*

Reception at the Burnet House, 8:30.

*Friday, May 6—Morning Session.*

- 1. Surgical Clinics, 8:30 to 10:30 a.m.: Cincinnati Hospital, Free Surgical Hospital for Women, German Hospital.

- 2. Reports of Committees.

3. Papers:

- a. "Methylene Blue and Methylene Violet," Dr. James T. Whittaker, Cincinnati.
- b. "Can Scarlet Fever be Aborted?" Dr. J. C. Crossland, Zanesville.
- c. "Forced Respiration, with Report of its Use in Nine Cases," Dr. C. R. Vanderburg, Columbus.
- d. "Acute Rhinitis, with Retention of the Secretion," Dr. C. E. Perkins, Sandusky.
- e. "Medical Properties of Bromo-Lithia Water," Dr. W. A. Dixon, Ripley.
- f. "Treatment of Enteric Fever," Dr. C. L. Ward, Cridersville.
- g. "The Rational Treatment of Typhoid Fever," Dr. F. W. Langdon, Cincinnati.
- h. "The Pathological Anatomy of Speech Disturbances," Dr. A. B. Richardson, Cincinnati.
- i. "Some Points in the Symptomatology of General Paresis," Dr. Philip Zenner, Cincinnati.
- j. "Intestinal Tuberculosis," Dr. S. P. Kramer, Cincinnati.

*Afternoon Session.*

- 1. Reports of Committees.
- 2. Papers:
  - a. "The Use of the Galvano-Cautery in Ophthalmic and Laryngeal Surgery," Dr. R. D. Gibson, Youngstown.
  - b. "The Relation of Errors of Refraction to Chronic Diseases of the Eyelids," Dr. David DeBeck, Cincinnati.
  - c. "Radical Cure of Hernia by the Use of the Buried Antiseptic Animal Suture, with Report of Additional Cases," Dr. F. C. Larimore, Mt. Vernon.
  - d. "Sepsis, with a Narration of a Few Interesting and Instructive Cases," Dr. Robert Peter, Canal Dover.
  - e. "What are the Cardinal Points in the Treatment of Chronic Catarrhal Endo-Cervicitis and Endo-Metritis," Dr. A. F. House, Cleveland.
  - f. "Present Status of Gynecology," Dr. C. D. Palmer, Cincinnati.
  - g. "Tuberculosis of Bone," Dr. N. P. Dandridge, Cincinnati.
  - h. "Treatment of Orchitis and Epididymitis," Dr. O. Hasencamp, Toledo.
  - i. "Ichthyol in Eczema," Dr. A. Ravogli, Cincinnati.
  - j. Volunteer Papers.
- 3. Oral Communications.
- 4. New Business.
- 5. Unfinished and Miscellaneous Business.

RAILROADS.

Reduced rates may be obtained on all the railroads, on the following conditions: Each person desiring the excursion rate must buy a first-class ticket either limited or unlimited to Cincinnati, for which he will pay the regular fare, and upon request the ticket agent will issue a printed *certificate* of purchase. If *through* tickets cannot be secured at the *start-*

ing point, parties will purchase to the nearest point where such through tickets can be obtained, and there purchase to Cincinnati, requesting a certificate of the ticket agent at the point where it is made.

Tickets for the return journey will be sold, by the ticket agent at Cincinnati, at one-third the first-class limited fare, only to those holding certificates signed by the ticket agent at point where through ticket to Cincinnati was purchased, countersigned by signature written in ink by the Secretary of the Society, certifying that the holder has been in regular attendance at the meeting, and *vised* by the special agent of the Railway Association.

Tickets should not be purchased more than three days prior to the meeting. Tickets are good for three days after the meeting, and are not transferable.

No refund of fare will be made on any account whatever because of failure to obtain certificate.

This announcement is sent to many physicians in the State who are not members of the State Society, but who are cordially invited to attend the sessions of the Society. From the titles of papers to be presented, it will be seen that the meeting will be both interesting and profitable.

#### PUBLISHER'S NOTICES.

J. EMMETT BLACKSHEAR, M.D., of Macon, Ga., reports the following interesting case:

Mr. J— V—, a young man, twenty-one years of age was first seen July 5, 1891. Had been for eight months under treatment for syphilis, and all the while growing worse. Was very much prostrated, and was suffering with an immense abscess on the outer portion of the upper third of the left thigh; also one on the left side of the neck. Had, moreover, a large tumor on the right side of the neck, and a still larger one on the back, both tending, of course, to suppuration. Prescribed Verrhus Clemiana, two teaspoonfuls four times a day, to be increased in two weeks to four teaspoonfuls.

At the expiration of two weeks the abscess on the thigh was discharging profusely, general appearance of patient improved, and he reported himself as feeling much better. Ordered the dose increased gradually to six teaspoonfuls, four times daily.

At the expiration of six weeks the abscess on the thigh was still discharging freely; the one on the neck scarcely at all. Ordered the suspension of the medicine for a week, during which time the discharge from the abscess on the thigh diminished perceptibly; the one on the neck ceased entirely. On resuming the medicine, the discharges from both abscesses became again profuse, and so continued for about two weeks longer, when it began to subside; the tumors began to diminish in size, and in four months from the time the treatment was commenced, all symptoms of the disease had disappeared. Advised him, however, to continue the medicine a few months longer.

## Selections.

### FROM CURRENT MEDICAL LITERATURE.

#### PERINEAL SECTION.

J. W. White, M.D., (*American Journal of Medical Sciences*, January, 1892) insists upon the retention of the term "perineal section" rather than that of "external urethrotomy" for cases in which the operative procedure is instituted for conditions of acute retention, from whatever cause, and in which no instrument can be made to reach the bladder, the urethra being simply opened behind the point of obstruction for palliative purposes.

In commenting upon those of the cases reported in connection with the paper in which the operation was done for rupture of the urethra, the author states that, in his experience, the history of the case offers but little of value in determining the seat of the laceration; this may be better estimated by the character and limitation of the extravasation. To facilitate the study of these cases in their relation to the extravasation, he divides the urethra into four regions: first, from the meatus to the scrotal curve; second, between the attachment of the scrotum and the anterior part of the bulb; third, the bulbous urethra; fourth, the membranous and prostatic urethra. In the first named the extravasation is accompanied by swelling and discoloration of the penis. In the second, the course of the extravasation is governed by the attachments of the deep layer of the superficial fascia. In the third, the extravasation will follow first the space enclosed by the last named fascia in front and below, being limited posteriorly by the anterior layer of the triangular ligament. It must of necessity therefore be directed into the scrotal tissues, finding its way thence between the pubic rami and symphysis until it reaches the abdomen. Should the membranous urethra be alone involved, the extravasation would be limited between the layers of the tri-

angular ligament, and would not invade other parts until after suppuration and sloughing had taken place. Should, however, the portion of the urethra behind the triangular ligament (prostatic urethra) give way, the extravasated urine may either find its way, first, along the rectum to the anal region, and second, by perforating the thin pelvic fascia near the pubo-prostatic ligament, spread rapidly through the subperitoneal connective tissue.

The author insists upon the immediate performance of the operation in all cases of retention of urine from recent rupture of the urethra where catheterization is impossible. In cases in which the symptoms of rupture (blood at the meatus and difficult urination) are present, but no apparent extravasation, and in which catheterization is easy, he recommends regular evacuation of the bladder with a soft instrument and watching for the onset of pronounced symptoms (fever, local swelling, etc.) In those cases in which positive symptoms of extravasation are present, yet the introduction of a catheter is possible, although difficult, the advice to permit the latter to remain in situ, and at the same time to open up freely all suspicious swellings about the perineum and scrotum, is given.

In cases in which it is found impossible to identify the proximal end of the urethra after the perineal section, retrograde catheterization through a suprapubic opening is recommended.

In discussing the question of permanent catheterization after perineal section, the author believes, by avoiding introducing the instrument too far into the bladder, and observing strict cleanliness by regular antiseptic irrigations, this course will be found to possess many advantages.

The experiences of many surgeons, including his own, leads W. to favor the employment of sutures in closing the rent in the urethra. This, conjoined with the retention of a full-sized catheter, it is claimed, meets all of the indications.

In the after-treatment boric acid and salol, administered internally for the

purpose of sterilizing the urine, and full doses of quinine, are recommended.

The instruments and operation of Wheelhouse in cases in which perineal section is performed for impassable stricture, are given the preference over all others. W., however, omits that portion of the Wheelhouse operation which relates to the turning of the concavity of the stag so as to hook the latter into the upper portion of the urethral wound, observing that in this position it must be held by an assistant, is sometimes in the way and does not afford much help during the operation. *Annals of Surgery.*

#### THE RELATION BETWEEN BACTERIAL POISONS AND IMMUNITY AND CURE OF INFECTIVE DISEASES. \*

This was the subject brought before the Society für Innere Medizin at its meeting of the 15th ult., by Hr. Klemperer. Starting from the facts that the actions of bacteria were caused by the poisons excreted from them, the most recent investigations had had for their object the preparation of the poisons of which there were three classes. First of all certain well characterized basic bodies, the so-called ptomaines had been formed. Next the albuminoid bodies discovered in connection with diphtheria. These toxalbumens produced fever and injected warm they effected protection, i.e., they produced immunity against fresh attacks. Kitasato and Behring had shown that the serum of animals rendered proof could also cure a disease already broken out. The toxalbumens as albuminous bodies were characterized by their loss of toxic properties on heating to over 37 deg., but not of their immunising properties till 60 deg. C. was reached. On boiling they lost both properties at once.

A second class of bacterial albuminous bodies was formed by the proteines which were not destroyed by boiling. Tuberculosis belonged to this class. It was a near step to attempt to demonstrate similar properties to other bacteria proteines so as to render them useful. The speaker along with his brother had

ated that pneumonia was the serum of immune animals. ately tried to ascertain whether bodies had any curative power had for hours boiled an eight y old nutrient solution, filtered e from bacteria and had got an ous solution containing pro- He had formed a pneumonia , a solution of which set up er in rabbits. They gradually accustomed to it, but were not ainst pneumonia neither did he pneumonia by injections.

er had shown a direct connec- tween the proteines and tuber- diseased animals could be killed certain dose of tuberculine, healthy ones remained alive. ocyan-proteine he had succeed- oducing the exact "reaction" d by tuberculine; an identical had also been produced by the of the prodigious as well as he bacterium coli and anthrax. therefore disposed to limit the action of tuberculine. He now greater value on quantitative re-

With the serum of highly im- animals he had constantly suc- n ten cases of pneumonia in re- he temperature and producing r course of the disease. The aias of rabbits that by previous ; of the cultures had been pro- an eight day disease, he had r subsequent immunisation by intravenous injections of cond pneumo-toxine solutions heat- deg. C. He believed the prin- ould find successful employment chronic diseases.—*Berlin Cor- nt, Med. Press and Circular.*

#### VENTION OF MAMMARY ABSCCESS.

ier (*Journ. des Sages-Femmes*, er 16, 1891) insists upon women cept very clean in childbed. inds must be washed, else the ay be contaminated by a finger ust touched the vulva. The ould be washed both before r every act of suckling with at has been boiled, or with a

solution of boric acid. The washing must be done with clean lint or sterilized wool, and not with a sponge. The preliminary washing is necessary, as there might be microbes on the nipple, and the child's mouth might transfer them to a minute fissure, frequent on the nipple after delivery. The second washing removes from the nipple, all milk which, if left there, might become a breeding-ground for germs, and thus set up abscess, or infect the child's mouth and cause aphthæ.

Professor Tarnier takes a stronger precaution in his wards. Every woman has her breasts dressed, as a preventive measure, with a compress soaked in a 1 in 5,000 sublimate solution, held in place by strapping, as the pad is likely to slip; a band of gauze is passed around the thorax and wound around the breasts, so as to envelop them completely. There were, in consequence, only two cases of abscess of the breast from November 1, 1889, to July 15, 1890, and in both the mammæ were, for different reasons, neglected. This application of sublimate cannot possibly hurt the fœtus. A syphilitic infant can safely take five minims of Van Swieten's solution. The equivalent of that dose in a 1 in 5,000 sublimate solution would be twenty-five drops, and a child suckling a breast dressed as above described could hardly swallow a trace of the mercury.—*British Med. Journ.*

#### THE CONSERVATIVE TREATMENT OF PYOSALPINX.

Dr. Llewellyn Eliot, of Washington, D. C., (*Virginia Med. Monthly*) says that conservatism too frequently is the cry of timidity, ignorance or despair. A wise conservatism is a thing we do not often see; still it is at times thrust upon our better judgment, and we must accept it or retire from the case.

In the treatment of cases of tubal disease, there are some points which have not received the attention their importance warrants. The one to which I shall refer is the non-operative treatment of pyosalpinx. Time was when the tendency was to refer all catarrhs of the genital tract to either puerpera

infection or gonorrhœal infection. It is needless to say how unjust this has been, for we all know the fallacy of such a charge. At the same time we all accept these two as very potent factors in the causation of vaginitis, endometritis and salpingitis. The mucous and the serous surfaces are the ones affected by a gonorrhœal inflammation. This accounts for its little tendency to spontaneous recovery. As the fluid accumulates in the tubes, the extremities of the tubes become occluded by adhesive peritonitis, this peritonitis becomes chronic, extends from bad to worse, matting the viscera together, producing pain, interfering with the functions of the bladder and rectum, and we have the patient reduced to the last stage of invalidism. In such cases the uterine sound and probe have been passed into the Fallopian tube, and tincture of iodine has been applied to these parts. Clarke has reported cases so treated in the Transactions of the American Association of Obstetricians and Gynecologists, Vol. I, p. 172, in a paper on the "Treatment of Certain Cases of Salpingitis." Should the tubes be closed, and sealed against the probe, thorough dilatation of the cervix, and patience and perseverance, will oftentimes succeed in overcoming the difficulty.

The passage of the uterine sound or probe, or catheter, is an operation which requires gentleness, and an acute sense of touch. It is attended with pain, extending even down the legs.

Dr. Thomas More Madden, of Dublin, in a paper on the "Treatment of Sterility in Women," under the heading, "Ovarian and Tubal Sterility," says:

"It would seem to me quite as rational to amputate the breast for an ordinary mammary abscess, as to remove the Fallopian tubes, merely because they may be the seat of serous or purulent inflammation. In many cases of the latter there is, as I can vouch from clinical experience, no impossibility of reaching and removing the collection, whether a hydro- or a pyosalpinx, by aspiration, or in some instances by catheterization of the diseased Fallopian tube.

"Many years ago, having occasion to use the sound in a patient suffering from dysmenorrhœa, and a long time sterile, I was surprised, there being no enlargement of the uterus, to find the sound pass in up to the handle, and that it had obviously entered the right Fallopian tube. A year subsequently, the lady gave birth to her first child, after eight years of married life. Since then I have repeatedly succeeded in accomplishing what, in the first instance, was but a happy accident, and more than once with a similar result."

The possibility of catheterization of the Fallopian tube is too often denied or ignored. We cannot always succeed in our efforts, but there can be no more impropriety in making the attempt than in similar attempts upon the Eustachian tubes, the lachrymal ducts, or the ureters, especially when it has been said that every man who has spayed a woman will live to regret it. After the Fallopian tube has been dilated and drained, the judicious application of the Faradic current will absorb the morbid deposits about the tubes, and lessen the general hyperæmia.

#### CAMPHORIC ACID FOR THE NIGHT-SWEATS OF PULMONARY TUBERCULOSIS.

James Wood, M.D., of Brooklyn, N. Y. (*Phila. Med. News*, March 12, 1892) says that probably there is nothing so unpleasant or aggravating in tuberculous patients as the profuse sweating that occurs either in the morning or during the entire night. The depression following it does not seem to be due to the sweating itself, but rather to the effects of a gradual increase in the quantity of carbonic acid gas in the blood, incident to the difficult interchange of gases, in consequence of the pulmonary affection. It is well known that in normal respiration the blood does not contain so continuously a high percentage of carbonic acid gas as will cause a less sensitive condition of the centres governing respiration. But in pulmonary tuberculosis, when the energy used in the daily exertions, from excessive coughing or other physical

causes, more than exceeds the supply of energy and nutrition that can be furnished by the body, the respiratory centers are greatly depressed, and are not stimulated so quickly by a percentage of carbonic acid gas that would normally affect those centres. The centres presiding over the functions of the sweat-glands, not being affected by the physical causes, respond to the increased stimulation, and pour forth their secretion abundantly. The proper therapeutical mode of combating this functional perversion would seem to be to use such a drug as shall stimulate the respiratory centres, and thereby cause the elimination from the blood of more carbonic acid gas, and in this indirect manner act as an anhidrotic.

Camphoric acid seems to effect this object with less derangement and more satisfactory and lasting results than any other drug. This remedy is best given in doses of twenty grains, from four to six hours before the period of sweating is expected. The best method of administration is dry on the tongue, and washed down with a little water. The taste of the drug is not unpleasant, neither does it produce the gastric irritation so frequently experienced with many medicinal agents used under like conditions.

#### A CASE OF POISONING WITH PHENACETINE.

Dr. A. M. Fernandez de Ybarra, of New York (*Medical Record*), reports the following case:

On December 19, 1891, I was called to attend Mrs. V—, the janitress of the flat house where I lived, who was suddenly taken very ill. The husband of the woman told me she had drunk some porter and beer the night before, and when she awoke in the morning felt an intense headache. He went to a neighboring drug store and asked for some "headache powders" for his wife. He got three of them, and as soon as he reached home he dissolved one in a little water and gave it to the sufferer. No relief of the headache following, he gave, a quarter of an hour after, a second powder. Five minutes later he

was surprised to see his wife in convulsions and complaining of a terrible pain in her heart.

When I saw the woman she was pale, cold, and perspiring profusely, with both her hands over the precordial region, the respiration very much reduced in number, pulseless, and voiceless.

Suspecting an overdose of antipyrine, I asked the husband to let me see the so-called "headache powders," and sent him to the drug store with my professional card to find out as soon as possible what they were made up of, and the quantity of the ingredients in each powder.

The drug clerk said the powders contained "only phenacetine," and ten grains of it in each.

All the toxic symptoms seeming to me very much like those produced by chloroform narcosis, I gave the patient a few inhalations of nitrite of amyl, and administered the necessary antidotes to combat the depressive action on the heart; but not until an hour after could I feel sure that the danger was over.

This clinical case illustrates three very important points, viz: 1. That phenacetine is not so harmless as usually believed; and if we stop to think for a moment, we shall see that the certainty and great rapidity with which it acts as an antipyretic, and its prompt and striking action as an analgesic, clearly indicate its powerful effect on the heart. A French authority has already pointed out that all heart-tonics are heart poisons. 2. The unreliability of proprietary articles, which, by becoming popular, may give rise to unscrupulous imitations. 3. The very bad custom among druggists of prescribing themselves powerful drugs, with whose therapeutic actions even the professional mind is not yet entirely acquainted.

#### COPAIBA BALSAM AS A DIURETIC.

Following up Obolensky's researches on the diuretic effect of balsam of copaiba, M. I. Svetükhin (*Vratch*, No 35, 1891) has come to the following conclusions:

1. Copaiba balsam undoubtedly has a very powerful diuretic action.



2. It induces an abundant diuresis not only in cases in which the daily quantity of the urine has previously been subnormal, but even where the quantity has been oscillating within normal limits.

3. The remedy is equally reliable in cases of cardiac, hepatic, and renal diseases, as well as in arterio-sclerosis and serous pleurisy.

4. Under the influence of the drug serous pleuritic effusions are rapidly absorbed.

5. Neither the arterial tension nor the pulse curve shows any alteration.

6. The diuretic effects are usually obtained even on the administration of 5-grain doses thrice daily; 10-grain doses, given three or four times a day should be regarded as medium ones; 10 or 15-grain doses, given every two hours, as large ones.

7. Neither the small nor the medium doses ever give rise to gastro-intestinal disturbance or renal irritation. If albuminuria is present they never increase the proportion of albumen in the urine.

8. Given by intravenous injection to healthy dogs, copaiba balsam augments the daily quantity of the urine, but has no effect on the blood pressure. —*British Med. Journal.*

#### NON-SEPTICITY OF THE VAGINA.

E. Bumm (*Centralbl. f. Gynäk.*, No. 9, 1892) discusses the question of the disinfection of the inner part of the genital canal in childbed. Without denying the dangers of infection and the consequent necessity for precautions, he finds that the natural secretions of the vagina contain no pathogenic germs. Indeed, they rather protect the part from the development of colonies of microbes. When the vaginal mucus is purulent micrococci are to be found identical in appearance with those seen in septicæmia, but only in isolated groups; nor do they seem to possess septic powers. There is no proof that these germs, developed in vaginal mucus, ever set up the morbid processes of puerperal fever in the course of normal childbirth. —*British Med. Journal.*

## Miscellany.

### HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending April 15, 1892:

WARD.	Measles.		Scarlet Fever.		Whooping Cough.		Diphtheria.		Croup.		Typhoid Fever.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....			2				2					
2.....							2					
3.....							3					
4.....							2				1	
5.....												
6.....	1											
7.....												
8.....												
9.....												
10.....	1						1					
11.....	1											
12.....							1					
13.....	1		1									
14.....							1					
15.....			1									
16.....	1						2	1				
17.....	3											
18.....	1										1	
19.....												
20.....							1					
21.....	1		2									
22.....												
23.....							1					
24.....							1					
25.....												
26.....							4					
27.....			2									
28.....	1		3									
29.....												
30.....	6						3					
Public Institutions.....								1			2	
Totals.....	17		11				21	3			3	1
Last week.....	40		24		19		17	7	1		2	2

#### Mortality Report for the week ending April 15, 1892:

Diphtheria.....	3
Influenza.....	1
Typhoid Fever.....	1
Other Zymotic Diseases.....	4—9
Alcoholism.....	2
Cancer.....	2
Phthisis Pulmonalis.....	11
Other Constitutional Diseases.....	12—27
Apoplexy.....	2

Bright's Disease.....	2
Bronchitis.....	5
Gastritis—Enteritis.....	5
Heart Disease.....	10
Meningitis.....	4
Nephritis.....	2
Peritonitis.....	1
Pneumonia.....	14
Other Local Diseases.....	18—63
Deaths from Developmental Diseases.....	7
Deaths from Violence.....	3
Deaths from all causes.....	109
Annual rate per 1,000.....	18.89
Deaths under 1 year.....	21
Deaths between 1 and 5 years.....	18—39
Deaths during preceding week.....	122
Deaths for corresponding week of 1891....	152
Deaths for corresponding week of 1890....	115
Deaths for corresponding week of 1889....	148

J. W. PRENDERGAST, M.D.,  
Health Officer.

### OHIO HEALTH BULLETIN.

Infectious Diseases reported to the Ohio State Board of Health in 44 cities and towns during the week ending April 15, 1892.

<i>Diphtheria:</i>			<i>Scarlet Fever:</i>		
	Cases.	Deaths.		Cases.	Deaths.
Bloomville.....	2	..	Akron.....	2	..
Cincinnati.....	21	3	Amelia.....	3	..
Cleveland.....	9	2	Bellefontaine.....	1	..
Columbus.....	4	..	Bond Hill.....	2	..
Lima.....	1	..	Cincinnati.....	11	..
Logan.....	1	..	Cleveland.....	14	..
Olmstead.....	1	..	Columbus.....	7	..
Youngstown.....	1	..	Dalton.....	1	..
<i>Measles:</i>			<i>Elmore.....</i>		
Akron.....	2	..	Fostoria.....	2	..
Cincinnati.....	17	..	Garrettsville.....	2	..
Cleveland.....	10	2	Girard.....	2	1
Geneva.....	3	..	Ironton.....	2	..
Girard.....	1	..	Lima.....	1	..
Lima.....	9	..	Logan.....	3	..
Ravenna.....	1	..	Olmstead.....	1	1
Warren.....	2	..	Piqua.....	1	..
Youngstown.....	17	..	Portsmouth.....	3	..
<i>Whooping-Cough:</i>			<i>Toledo.....</i>		
Ravenna.....	8	..	Woodfield.....	1	..
<i>Typhoid Fever:</i>			<i>Woodstock.....</i>		
Caledonia.....	1	..	Wyoming.....	4	..
Cincinnati.....	3	1	Xenia.....	2	..
Dalton.....	1	..	Youngstown.....	7	2
Elmore.....	1	..			
Elmwood.....	4	..			
Sidney.....	2	..			
Warren.....	1	..			
Youngstown.....	2	..			

No infectious diseases reported to health officers in 12 towns.

C. O. PROBST, M.D., Secretary.

### A WORD OF ADVICE TO THE YOUNG DOCTOR.

In a few weeks several thousand young doctors will be launched out on the stormy sea of life to sink or float, according to the strength of their timbers. If they commence in the country they will probably begin to earn a living there from the very first day, for there are no hospitals and dispensaries and drug-stores there to attend to the mass of the people. But if they start in the city without private means they will find the struggle during the first few years rather a hard one. And yet, with industry and self-denial, those few first years may be made of the greatest value by employing the time in increasing the stock in trade of knowledge; while in spite of the hospitals and dispensaries and druggists prescribing the young doctor can hold his own if he will adapt his requirements to his environment. The rich are few in number and have their doctors since many years, and they cannot be expected to leave him whom they have known and tried for one who is totally unknown. But the poor form the vast majority, and it is right in the midst of them that the young doctor should start. They will surely call him once, and it only remains with himself whether they will employ him a second time. With two weapons he can surely drive them away to the free dispensary or druggist's counter; the first is by demanding a fee utterly beyond their means to pay, and the second is by sending them to a drug-store for a costly and elegantly put up prescription. The poor hate the out-patient department of the hospital and the dispensary because the latter invariably inflicts upon them great hardships in the matter of loss of time, and they would gladly give even far more than they can afford to be attended at home. But when the young doctor scorns to attend the poor laboring man with a large family for less fee than that which the millionaire pays to the dean of the faculty, the poor man cannot be blamed if he turns away with regretful steps from the door that should be so glad to see him enter. There are

thousands of families in Montreal whose average income, including Sunday and holidays, is less than a dollar a day, and with this meager income there are many hungry little mouths to feed and bodies to clothe, besides the exorbitant rent and taxes and fuel to pay. And yet most of these people have as much parental love as the rich, and would gladly give a fourth of their income for a week or a month to the young doctor who would attend the child and supply the medicine. How few millionaires would give a fourth of their incomes for the services of the physician? If the young doctor would attend the workingman and supply the medicine for a reasonable fee the medical journals would soon cease to be filled with long letters complaining of the "Abuse of Hospitals," "The Dispensary Nuisance," "Counter Prescribing," and "Patent Nostrums."—*Canadian Med. Record.*

#### A DEFENCE OF TOBACCO-SMOKING.

It is considered by many that tobacco-smoking, like ladies' corsets, is indefensible on hygienic grounds, and that the only reasons for its practice, independent of a patriotic desire to aid the State in the consumption of a dutiable article, and so to increase its revenue—are in the first instance the faculty of imitation, then habit, and over all caprice. It has fallen to the lot of a well-known hygienist of Rome, Dr. v. Tassinari, however, to demonstrate that tobacco-smoking fulfils a valuable hygienic function, viz., that of a powerful disinfectant, making it a prophylactic against a number of infective diseases. In order to show that he does not stand alone in his views, he quotes Drs. Miller, of New York, and Vassili, of Naples, both of whom are of opinion that tobacco-smoke prevents the development of pathogenic germs. A large number of independent investigations were made by Dr. Tassinari on the influence of the smoke of the noble weed on the germs of cholera, anthrax, and pneumonia. His method of research was to line the interior of hollow balls with gelatine

containing the germs of the diseases named; tobacco-smoke was then passed through these globes for from ten to thirty minutes. The surprising fact was then established that at the expiration of the time the bacilli of true Asiatic cholera and of pneumonia were completely destroyed, whatever the kind of tobacco employed for the purpose. The gelatine was absolutely sterilized by the tobacco-smoke. The anthrax bacillus was more resistant, however, whilst the bacillus of typhoid was scarcely acted on at all. It is too much to expect that tobacco-smoke will destroy germs already domiciled in the system, but it will no doubt afford not a little comfort to smokers to learn that as far as it goes the practice tends to prophylaxis in the case of some of the most serious of the infective diseases.—*Med. Press.*

#### AN OBSTETRICAL BUNDLE.

This bundle I have found very useful. I have such a bundle prepared for every obstetric case, and its cost, seventy-five cents, is more than made up by the saving of time and subsequent visits. It contains the following:

1. One square yard of rubber cloth to be placed under the patient's hips and thighs—rubber side up, of course.
2. One square yard of canton flannel to be placed on top of the rubber, between it and the patient's body. In this way I make sure of having the bed protected and kept clean, and an aseptic environment, and the rubber can be quickly arranged to carry off the fluids into a suitable receptacle in case of operative procedures.
3. A number of pieces of cheese cloth to use as small towels, and also, when dampened with bichloride solution, as pads for the vulva.
4. A new and clean nail brush for each case. These brushes cost three cents, and hence one can afford a new one each time.
5. Safety pins.
6. A narrow bobbin, consisting of three strands, for ligating the umbilical cord.
7. An obstetrical eye bandage. This consists of a strip of cheese cloth, the

which are rolled in and  
ver a second time. While  
pulsations of the cord to  
out the baby's eyes, and  
lage around the head and  
t. When this is not done  
rubs its dirty fingers into  
the attendants have had  
the child. Since I have  
lan I have never had any  
almia neonatorum.

wooden vial containing  
chloride of mercury. I  
mall ones to the larger  
re just sufficient for each  
ut splitting the tablet.—  
M.D., in *Post-Graduate*.

#### GYMAN'S ADVICE.

he aristocratic suburbs a  
a prominent family was  
typhoid fever. A physi-  
and standing was called  
ay the clergyman of the  
h both the physician and

father of the child were members met  
the father and said:

"I hear your child is sick?"

"Yes, sir," replied the father.

"And who is the physician?"

"Dr. So and So," replied the father.

"Well," responded the clergyman,  
"given a case of typhoid fever and a  
regular physician, and you'll have  
a funeral. I have nothing personal  
against the physician. He is a member  
of my church in good standing."

The father was heart-broken for a  
time, but he stuck to his doctor, and the  
child got well. So much for clergymen  
interfering with medical forms of prac-  
tice.—*Cin. Enquirer*.

**RAPID MULTIPLICATION.**—In taking  
the census of the State of New York a  
family was found in the town of War-  
rensburg in which the baby was three  
months old, its mother was not fifteen  
years old, its grandmother was thirty-  
three, and its great-grandmother fifty-  
four.

## Mellin's Food

### INFANTS AND INVALIDS.

**BLE DRY EXTRACT**, prepared from Malted Barley  
consisting of Dextrin, Maltose, Albuminates, and Salts

**BAR** in MELLIN'S FOOD is **MALTOSE**. **MALTOSE** is  
**R SUGAR** for use in connection with cow's milk.

formed by the action of the Ptyalin of the Saliva and the Amylopsin on  
starch is **MALTOSE**. In the digestive tract **MALTOSE** is absorbed

— *Landois and Sterling*.

is a saccharose, not a glucose, and is a form of sugar which does not ferment

— *Materia Medica and Therapeutics, Dr. Mitchell Bract*.

or seen any signs of fermentation which I could attribute to the influence

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## CONTENTS.

### ORIGINAL ARTICLES.

- ABORTION. By E. S. McKee, M.D., Cincinnati. 567  
CASE OF BRAIN TUMOR WITH PECULIAR VISUAL SYMPTOMS. By Philip Zenner, A.M., M.D., Cincinnati. 572  
NUTRITION. By M. J. Crouch, M.D., Union, Ky. 575  
PSORIASIS AND THE NEW REMEDY, GALLACETOPHENONE. By Julia W. Carpenter, M.D., Cincinnati. 578

### SOCIETY REPORTS.

THE ASSOCIATION OF MILITARY SURGEONS OF THE NATIONAL GUARD OF THE UNITED STATES.  
Meetings of April 19 and 20, 1892.

### ACADEMY OF MEDICINE.

Meeting of March 28, 1892.

- Discussion on Psoriasis and the New Remedy, Gallacetophenone. 583  
Discussion on a Case of Brain Tumor with Peculiar Visual Symptoms. 584

### SOCIETY REPORTS.

WALNUT HILLS MEDICAL SOCIETY.

Meeting of March 9, 1892.

Discussion on Chorea. 585

### EDITORIAL.

- THE PUNISHMENT OF CONFIRMED CRIMINALS. 592  
EDITORIAL NOTES: Medical Aggression.—Annual Report of City Health Department.—Discovery for Cure (?) of Bright's Disease.—Surgical Dexterity. 594-596

### TRANSLATIONS.

PARISIAN MEDICAL CHIT-CHAT. By T. C. M.

- Sociological Balzac—Tobacco and Thought—An Indispensable Inquiry—Opinion of Victor Hugo on Cigarettes—The Disciples of the Nicotine Herb—Opinions of Voltaire and Rousseau—Eminent Tobacco-phobics. 586

Contents continued on Adv. p. 4.

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Whole Volume LXVII.

## Original Articles.

### ABORTION.

A Paper read before the Obstetrical Society of Cincinnati,

BY

E. S. MCKEE, M.D.,  
CINCINNATI.

Uteri may be divided into three classes with reference to the facility with which they abort, viz., irritable, equable and apathetic. The most trivial thing may occasion an abortion in some women, as a walk, jolt, misstep, or a purgative which may cause a premature expulsion of the ovum. The apathetic form is still more remarkable, as illustrated where women resort to criminal abortion. Jumping, lifting, washing, scrubbing, the most violent horseback riding following the chase, and extremes of all descriptions have failed in producing abortion. Sounds have been passed, intra-uterine medication has been carried on, operations have been performed on the cervix, the uterus and its appendages; women have been thrown from carriages, railway trains and bridges while pregnant, and still gestation has remained undisturbed.

The statistics of abortion, if reliable, ought to contain information. The following figures probably come near the truth: 18.6 per cent. of the whole number are habitual; uterine diseases account for 50 per cent.; reflex causes, 21.528 per cent.; syphilis affecting the fetus, retroflexion, salpingitis and rheumatism; each 7.143 per cent. Treatment is followed by cure in 78.477 per cent., the patients subsequently bearing healthy children; while sterility results in 21.528 per cent., of which 14.286 per cent. have incurable uterine affections

or are past child-bearing, and 7.242 per cent. remain healthy but sterile. Ninety per cent. of child-bearing women abort once or oftener, and about one pregnancy in ten terminates abortively.

During the years from 1867 to 1875 inclusive, New York city reports 197 deaths resulting from abortion, a number probably far short of the truth. During seven years the Rotunda Hospital, Dublin, only had one death from abortion.

Our European relatives term criminal abortion the "American sin," which they think so common among our people as to deserve this appellation. The Americans speak with horror of the European percentage of illegitimate births; they reply that in this country sins are hidden by the destruction of unborn babes. Physicians meet in practice women who would scorn to speak evil against a neighbor, who are tender and kind, leaders in social and even religious life, who are above suspicion as to chastity, yet who do not hesitate to murder their children, provided only they be small enough. They do this not only once but repeatedly, and not only do they commit this crime, but talk about it very unconcernedly, or engage in disseminating a knowledge of the work among friends, as earnestly as they would work for a supper for the benefit of a hospital, kindergarten, or the far-distant heathen. She would fear to reverse the hands of her watch, but would break the laws of nature in her own human mechanism, a hundred fold more delicate, complicated and precious. But let not all this be ascribed to sin alone, but partially to tender-heartedness. Many in the medical profession have been far more tempted by a woman's tears to lend her the knowledge which would save her from dis-

grace than by the large fee she offers. Many women convey the desired information or assist in reaching the desired object, as do a few doctors, purely through pity. Some young or unsuccessful doctors do the same thing to keep the wolf from the door. Yet the sin and its consequences remain unaltered.

The induction of abortion has changed somewhat in method during recent years. Among the instruments recommended are Hegar's dilator, followed by a tampon saturated with a 4 per cent. solution of salicylic acid. An improvement on Tarnier's elastic balloon consists of a pear-shaped rubber ball, which, when reduced to a small size, is introduced into the uterine cavity and inflated. When pains commence it is slowly expelled in its distended state, and the fetus soon follows. Iodoform tampons are claimed to bring about the same result more safely and quickly than the sponge tent.

The indications for the induction of abortion are well presented by Parvin (*Annual of the Universal Medical Sciences*, 1-7). He finds it sometimes necessary in diseases of the kidneys, though prophylactic measures will generally suffice. The same is true of chronic heart disease. Results are satisfactory in diseases of the respiratory organs. Chorea in cases where the life of the mother is jeopardized and other remedies fail. Eclampsia is frequently an indication. Cancer of the rectum is occasionally so, as is also mammary cancer and severe cases of rheumatism. When the true conjugate of the pelvis is not less than seven centimetres, Von Brehm, by dieting the mother, so as to prevent the formation of adipose tissue in the child, has avoided the necessity of inducing premature labor.

Conditions of maternal blood often play an important part in the causation of abortion. Powerful emotions, as loss of friends, fires, explosions and accidents of various kinds, are thought to alter the blood, and thus abortion is caused. The condition of blood which accompanies infectious disease is a frequent source. When quinine is given

to pregnant women it should be combined with a small quantity of morphia, which will overcome the danger. It is doubtful whether quinine will originate uterine contractions, but there is no question that it will increase them if once created.

The constant inhalation of the odor of cotton seed and plants, especially if nipped by the frost, has been thought by some writers, in cotton-growing States, to cause abortion in women who are picking cotton. Others think the stooping position and the friction of the apronful of cotton on the distended abdomen the real cause.

Lead poisoning from lead pipes is reported as the origin of abortions in several instances. Cardiac insufficiency has been recently described as resulting in abortion. Probably many cases of habitual abortion might be explained in this way. The treatment is to relieve the heart by the recumbent posture.

Habitual abortion is a term severely criticized by some as unscientific, yet there are cases for which no more fitting designation is at our command. Thomas explains these cases on the theory of a hyperæsthetic condition of the uterine system of nerves. It has been the experience of every one largely engaged in obstetric practice, that some women are unable to carry their offspring to full term. They again and again bring forth still-born children. Burns mentions Schultz as reporting a case where a woman aborted twenty-three times at the third month. Young reports thirteen abortions, the fourteenth going to term. Leishman says there are rare instances where we can only account for the repeated abortions by supposing that the uterus has contracted an inveterate habit.

By habitual abortion the writer wishes to be understood to mean those cases for which we have no better term. True, there is a cause for every abortion, but this is sometimes so obscure or so slight, or our perception so blunt, that we fail to discover it. Some women are so high-strung nervously, so hyperæsthetic, that the slightest trifle, to which no consideration could possibly be given, is sufficient to induce an



abortion. These women find it very difficult to reach full term without encountering something which will cause this accident.

Charpentier speaks of certain women, who, without special cause, miscarry over and over again, and it would seem to be explained to him by the existence of a special irritability of the uterine fibres. The sphincter of the uterus seems to be weakened, and when pregnancy ensues the least effort overcomes it. This has been called laxity of the fibres of the cervix. This irritability of the uterus determines the premature appearance of contractions: the cervix yields, the membranes rupture, and miscarriage occurs without other explainable cause than this excessive irritability of the uterine fibres.

Routh alludes to paternal albuminuria as a cause of recurrent abortion, while cardiac incompetency was believed to be an important reason by Dr. Handfield Jones. A failing left ventricle leads to sluggish circulation in the uterus, and as a result of this, to extravasation of blood between the membranes and the muscular walls of the uterus. In numerous cases good results followed the administration of cardiac stimulants. Chronic lead poisoning is found by Schuhl to cause frequent abortion. It does not act so prejudicially when the male is affected, as when the mother is the victim. In seven cases of men with lead poisoning their wives miscarried eleven times in thirty-two pregnancies. In three of these cases abortion took place in close succession.

Rest in bed is a most rational and quite successful means of treatment. A woman who shows a marked tendency to repeated abortions will be most liable to abort coincidentally with the menstrual periods. Hence, a few days before menstruation should begin, were she not pregnant, she should take to her bed, and remain there until a few days after her period should have closed. Another good plan is to keep the patient in bed the greater part of the time during the second, third and fourth months. Rest in bed, at least during days corresponding to the normal menstrual epochs, is often necessary. Schuhl

(*Annals de Gynecology et d'Obstetrique*, July, 1891), in an exhaustive series of papers, recommends remaining in bed altogether until delivery.

The diagnosis of inevitable abortion is always desirable, but, unfortunately, the signs are not always sure indications. Hemorrhage may continue for a considerable time and return at frequent intervals, but the pregnancy may go on to term. Marked softening and dilatation of the cervix is generally followed by expulsion of the ovum, but not always. Three authors report cases where the portions of the uterine contents were expelled, and abortion did not follow. Given ruptured membranes, a persistent hemorrhage, dilated os, ovum dead and presenting in the os, portions of ovum expelled and the effacement of the rather acute angle formed between the neck and the body of the uterus, abortion may be considered inevitable. The radical and the conservative methods in the treatment of the retention of the placenta and membranes have their advocates in every country. Some writers are inclined to the opinion that the safety of the patient and the comfort of the physician is best served by the immediate removal of the secundines after the expulsion of the ovum, in every case where it can be done without force sufficient to injure the woman. They consider the curette, in skillful hands, and with the proper patient, is a means of good after abortion. Yet, under other circumstances it might be an instrument of danger. In the text-books we find remarkable unanimity in recommendation of the expectant plan, while the recent contributions to medical literature favor immediate removal.

Careful consideration of the facts and circumstances of each case will result in more intelligent conduct than the observation of any dogmatic rule. All will accord that the early removal of the secundines is desirable, but the question arises, When is it feasible? Abortion is not physiological as delivery at term, but is a pathological process, a premature death, a breaking up and tearing away, an abnormal condition. Taking into consideration the dangers

from septicæmia and hemorrhage, the local inflammations, the organic changes, the subinvolutions and septicæmia arising from its retentions, render its early, prompt and thorough removal a matter of paramount importance. Safety, speed and completeness are the principal questions for consideration.

In the *ecouvillonnage* of *Dolérís* we have a method of treatment which, for radical thoroughness, has many recommendations. By active intervention we do not mean unnecessary interference. Those opposed to radical measures should treat the subject with justice, and it would appear much more favorably in their eyes. Are we doing the proper thing when we sit and wait for the onset of sepsis before removing the remains? Immediate action may remove the danger of septicæmia and save the life of the patient. The so-called expectant plan is an easy way, and, thanks to nature, is successful in a great majority of cases; but why wait for dangerous symptoms before taking active measures, which may then be too late. The more frequent use of the curette would result in a fewer number of cases of peritonitis and septicæmia after abortion, and more remotely in avoiding many cases of chronic uterine disease which come under the care of the gynecologist. After radical treatment the patient is less liable to be troubled with subinvolution, hypertrophy and displacement of the womb. The method is generally easy, and, if carefully done, is safe, protecting the woman from accident.

In the chlorate of potassium we have a valuable remedy in habitual abortion. Shoemaker, in his new edition of "*Materia Medica and Therapeutics*," says that it has been shown that the chlorate of potassium administered in fifteen-grain doses three times a day is serviceable in preventing diseases of the placenta, and thus enabling the woman to go to the end of her term. It appears to be valuable in preventing intra-uterine death. Coghill has found it useful in deficient oxygenation of the blood, especially in placental inadequacy. The drug was first recommended in this connection by Sir James Y.

Simpson, who was the first to use it where repeated miscarriages had taken place from fatty degeneration of the placenta. His theory was that an abundance of oxygen was supplied to the fetus through the placental tufts. He also believed that it was a means of arterializing the blood. The experiments of Davy and Stephens indicated to Simpson that an alkaline salt, when brought into contact with the blood, gave it an arterial appearance. O'Shaunnessy has found by experience that it gives a bright scarlet color to the venous blood. Chemists tell us that it is improbable that the salt parts from any great percentage of its oxygen at the normal temperature of the body, yet the fact remains that by increasing the alkalinity of the blood its oxydizing function is augmented, as sea water, for instance, suspends more oxygen than common water.

Fountain ingeniously applied the oxygenating property of chlorate of potassium in the blood in cyanosis from heart trouble. His results are reported as quite successful. Anæmic patients improve in color under this drug. There is an excessive accumulation of carbonic acid in the presence of inflammatory changes of tissue. In the presence of carbonic acid nascent oxygen is formed from chlorate of potash, which may show how the inflammation is relieved and oxygen furnished the fetus. Quite large doses have been given by some; for instance, Bruce gave the remedy to the amount of one drachm daily, and in one case, on account of weakening of the fetal heart, gave two drachms daily. He reports its use in six cases of repeated abortion, and in all but one brought the children to term, and brought this one case to the eighth month. Keiller had given the chlorate of potassium to the extent of several drachms per day, largely diluted, the patient using it as a common drink. He thought the result might come from the tonic power of the salt. Inglis reports a case where after sixteen still births the seventeenth was born alive under this remedy. Cairn reported a case where a woman aborted five times; the chlorate of potassium

carried the sixth child to the sixth month.

Tardi reports a patient married six or eight years who miscarried each year at about the sixth month. He gave two and a half grains of chlorate of potassium every three hours. His patient was in the worst possible condition, and was obliged to remain in bed the whole period of utero-gestation, but the treatment was successful. Karl Braun, in his recent work, speaks favorably of the use of chlorate of potassium. It has also the recommendation of such distinguished teachers as Leishman, Barnes, Lusk, Fordyce Barker, as well as those of our own city, Drs. Palmer and Reamy having reported a number of cases in which it was successful.

I have used the chlorate of potassium successfully in several cases, one being especially interesting. She first came under my observation about ten years ago, being then thirty-four years of age. She had married at the age of fifteen, lived with her husband two years, and had two miscarriages. She remained a widow one year, remarried, and had eight miscarriages. These ten miscarriages occurred during the fifth, sixth, seventh and eighth months of utero-gestation, one only, the last, occurring as late as the seventh month. Two in the same year had occurred. Her husband was a fine, healthy, robust man, who gave an excellent history and showed no signs of disease. Her first husband, she said, was as healthy as her second. Her own health had been remarkably good for what she had endured. No history or evidence of syphilis could be obtained. Physical examination, to my surprise, showed no pelvic condition which might cause the recurrent abortions. She volunteered the information that one doctor who attended her said that the after-birth was nothing but a chunk of fat, and took it home with him. The patient was found pregnant. Supposing the cause of these frequent abortions to be fatty degeneration of the placenta, she was placed, after consultation with Dr. Palmer, upon chlorate of potassium, fifteen

grains three times a day, until the end of gestation, when a healthy boy was born. In about eighteen months she returned again, about three months pregnant. She was again placed on the chlorate of potassium. She took fifteen-grain doses, and for a time took as much as thirty grains three times daily. She was occasionally given tincture of chloride of iron, tincture of nux vomica or bismuth, as the symptoms required. The course of pregnancy was watched. In due time the fetal heart was detected and noted at different intervals, and at term a boy was again born.

Fatty degeneration of the placenta is the most common of the diseases of this organ. Fatty degeneration is malnutrition. The same cause which would produce this in the heart, liver or any other structure would occasion it in the placenta—anything which retards oxidation. It frequently follows low forms of placentitis affecting cells of the decidua serotina. By the proliferation of connective tissue the maternal blood-vessels are compressed, the villi of the chorion which dips into them become atrophied, and fatty degeneration occurs. Syphilis does not play so great a part in fatty degeneration of the placenta as some would have us think. It is a well-recognized fact that there is an excessive accumulation of carbonic acid in the presence of inflammatory changes of tissue. The other fact that in the presence of this carbonic acid nascent oxygen is formed from chlorate of potash may point, after all, to the immediate method by which relief is furnished. Whatever the *modus operandi* of chlorate of potassium, whether it acts as a tonic or is decomposed in the blood, thus directly furnishing an increased supply of oxygen to the fetus through the placental tufts, or whether it puts the blood in such a state that it can carry an increased quantity of oxygen, though this is unsettled and a matter of speculation, nevertheless we have the clinical fact with us that it has a direct beneficial effect in properly selected cases, *i.e.*, where there is fatty degeneration of the placenta. Great care should be exercised to avoid rupture of the membranes, as the expulsion of the

Early aseptic precautions are advisable, preferably the intra-uterine injections of hot solutions of bichloride of mercury. The folly of deferring these precautions until the substance in utero begins to putrefy, is attested by numerous deaths. Iodoform in suppositories doubtless has the effect of preventing further abortion.

The faradic current is of considerable value in cases of uterine inertia. It produces contractions, intensifies them, checks hemorrhage, and hastens delivery. A mild current is all that is necessary, the main thing being its intermittency. In fact, a strong current is rather to be avoided, as it is prone to produce a spasms of the muscular tissue. This not only possesses the above-named advantages, but also renders the patient's suffering much less.

To prevent abortion use opium hypodermatically, *per orem*, or rectum. Quiet nerves, muscles and mind. Preparations containing viburnum prunifolium have done good work for me in allaying uterine contractions. Tampons will dilate the cervix and hasten delivery, but are in many ways unsatisfactory and unsafe. They should consist of iodoform gauze or absorbent-cotton balls soaked in an antiseptic solution, renewed about every six or eight hours, and the patient carefully watched. I do not use ergot until the uterus is empty. I prefer to dilate the cervix with Palmer's steel dilators, and for removing the contents I use my finger. Where this, nature's excellent instrument, fails, Reamy's placental forceps will be found to act very nicely, having as recommendations simplicity, safety and efficiency.

## LITERATURE.

## CASE OF BRAIN TUMOR WITH PECULIAR VISUAL SYMPTOMS.

A Paper read before the Academy of Medicine, March 28, 1892,

BY

PHILIP ZENNER, A.M., M.D.

Clinical Lecturer on Diseases of the Nervous System in the Medical College of Ohio.

The following case of brain tumor is reported on account of the peculiar visual disturbances.

While in Berlin last July I heard a paper of Hirschberg's before the Neurological Society on the visual disturbances resulting from brain tumor. Among these he spoke of transitory blindness, sudden and complete, but of very short duration, such attacks occurring repeatedly during the day, vision being otherwise normal. Furthermore, he spoke of such manifestations being very common in cases of brain tumor. Afterwards, in speaking to Hirschberg on the subject, I expressed my surprise that he should speak of such manifestations as common, which I did not remember ever to have observed, or even to have read about. His explanation was that patients usually believe these conditions to be, and speak of them as, vertigo, so that their real nature escapes the physician. How accurate this explanation may be, or to what extent general observation may corroborate the commonness of these manifestations, I can not say; but in the case to be reported such symptoms were very prominent, and they, perhaps, led me to make a careful examination—the case had long been treated by one of our most eminent clinicians as one of neurasthenia—and thereby arrive at the mentioned diag-

observe some deafness two or three years ago, which has been slowly increasing since. The ear symptoms appear to be altogether due to catarrh of the middle ear, and not to any affection of the auditory nerves—the bone conduction is good.

There has been some unsteadiness of gait for several years—three or four, she thinks. In walking there is a tendency to veer toward the gutter or the other side. She says she must walk rapidly to walk steadily, also that she must keep her eyes on the ground for the same purpose, and that she walks worse at night.

She has been subject to headache only a few years. She has what she terms sick-headache about once a week. This is of a day's duration, is confined to one side of the head, attended by nausea, and has, therefore, the appearance of migraine. She suffers also with other pains in the head. She often, perhaps habitually, wakes up at night with a pain in each temple, sometimes very severe, which may continue for a half hour, or even several hours. Stooping or turning her head generally brings on this pain for a moment. For that reason she always has it on rising. She does not suffer with vertigo. She has also observed for a year or two that the left hand is not so skillful as before, so that at the table and elsewhere she generally uses the right hand for services formerly performed by the left.

Disturbances of vision have been present a year or longer. There seem to be clouds floating before her nearly all the time, but the most striking phenomena of this order are attacks of temporary blindness. These attacks are usually of only a few seconds' duration, but they occur very frequently, perhaps a dozen times each hour, so that they are a source of great annoyance. The blindness comes on suddenly and disappears in the same manner. Occasionally the blindness is in both eyes, and this is the more likely if it comes on while stooping or the like; and then she can see nothing. But usually the blindness is only in one eye, and in the right more frequently than the left. The way she knows the spell is on is that a

screen seems to fall before her, but even then she does not know which eye is affected, and only finds out by closing one eye. If she closes the good one she sees absolutely nothing.

Menstruation has always been regular.

The above was the history elicited when the patient came to me for examination. Though slightly built, she presented the appearances of fair health. Pulse good, though a little rapid. Tongue clean. Appetite never very good, but no symptoms of indigestion. A tendency to constipation. Bladder and urine normal. The knee jerks were very well marked, almost excessive, but there was no ankle clonus. Pupils respond to light and to accommodation. There was no motor or sensory paralysis anywhere. Cutaneous sensibility was everywhere good; a very light touch was felt anywhere. But the Romberg symptom was well marked. She could not stand firmly with closed eyes. Her gait was a little uncertain. It was not ataxic, nor could it be called reeling, but it was an approach to the latter. The movements of the left hand were slightly ataxic. There was some unsteadiness in bringing a glass of water to the mouth with that hand; touching the nose with the finger revealed some ataxia, etc. The hand was, possibly, a little weaker than it should be. The dynamometer turned to 44 with the right hand and only to 36 with the left. But there was no appreciable impairment of cutaneous or muscular sensation; she felt the slightest touch, distinguished between smooth and rough surfaces, and detected the differences of weight, as well with one hand as the other. A slight nystagmus was noticeable in each eye, which became somewhat more distinct on convergence of the eyes, or forced movements in any direction. Vision was above 0.7 in either eye, and the field was somewhat contracted in the upper portion of the left. There was very pronounced double optic neuritis.

Without the manifestations on the part of the eyes, the symptoms in this case are so obscure that no diagnosis

could be made. The headache is neither so persistent nor so severe as to make one think of a neoplasm. But, in connection with the other symptoms, the presence of double optic neuritis makes the diagnosis of brain tumor certain, in my opinion. It is far more difficult to localize the tumor. The most prominent symptom, impaired gait, points to the cerebellum. It is not improbable that this is the seat of the tumor, though there are several considerations which make it doubtful. The gait is not exactly like a cerebellar gait, and it is singular that it is worse at night, worse whenever she does not keep her eyes directed towards the ground, as in locomotor ataxia. Then there is no vertigo, so common with tumor of the cerebellum, in which, also, headache is usually intense, and early blindness not uncommon. The presence of ataxia in the left arm suggests a possible seat in the middle part of the right central convolutions, the arm center. At my first examination percussion of the head at this point elicited more tenderness than anywhere else, a fact seeming to strengthen this supposition. But this tenderness was not observed at a subsequent examination. Such a localization would be far more favorable for surgical interference, and may be made apparent by subsequent development of sensory and motor manifestations.

As to the nature of the tumor, as is common in such cases, we can only surmise. There is nothing to point to the most common forms of cerebral neoplasms, gumma and tubercle, so that we probably have to do with a glioma or sarcoma.

As before stated, the features in the case most interesting to me are the attacks of sudden blindness. These are not the only visual symptoms. Clouds often seem to float before the eyes, and the acuity of vision is slightly diminished. As to the latter, Dr. Ayres examined the eyes two years ago, and found—under hematropine—a vision of 0.7 in each eye, which, with cylindrical glasses, could be brought to 1.0; now he again finds vision of 0.7, which can not be improved by glasses. That the acuity of vision is only slightly dimin-

ished, notwithstanding the presence of double optic neuritis, is not surprising. In fact, it is the rule that papillitis does not in the beginning disturb the sight. I have had patients under observation where vision remained perfect for months, notwithstanding well-marked double optic neuritis.

Has the double optic neuritis any causal relationship with the attacks of sudden blindness? In this patient both conditions are found. Hirschberg says nothing on this subject. In a hasty review of this subject, the only other writers whom I have found mentioning attacks of sudden blindness with brain tumor are Leber, in *Handbuch der Gesammter Augenheilkunde*, Bd. v, and Hughlings Jackson, in *Ophth. Hospital Reports*, vol. iv-vii. Leber describes the symptom in the article on double optic neuritis, and the cases Hughlings Jackson reports had also double optic neuritis. The little, therefore, I am able to find on the subject suggests a relationship between these two conditions, but by no means proves it.

Leber explains the sudden blindness by a swelling of the tumor and consequent hydrocephalic outpour, pressing, perhaps, on the chiasm, corpora quadrigemina, or the optic thalami. Hirschberg, too, attributes the attacks to temporary swelling of the tumor and consequent anæmia of the cerebral centers for vision. Hughlings Jackson terms the attacks epilepsy of the retina, or, preferably, epileptiform amaurosis. He speaks of such attacks preceding the convulsive seizures of epilepsy or taking the place of the latter—that is, petit mal—and supposes in all these instances that the cause was a nervous discharge, producing anæmia of some part of the visual nervous structures. He draws a parallel between this and anæmia of the cortex causing the unconsciousness of epilepsy.

Neither of these explanations is satisfactory in our case. It seems almost impossible that there should be such rapid and frequent fluctuations in the size of the tumor without intense headache, not a symptom in this case. Nor can we understand how pressure upon the visual centers should produce blind-

ness in one eye. In the latter relationship we also find an insurmountable difficulty to the acceptance of Hughlings Jackson's explanation, otherwise so plausible. In part, I think, we must look for an explanation in the peripheral conditions, the optic neuritis, though there is doubtless some dependence upon intra-cranial conditions yet unknown.

[FOR DISCUSSION SEE P. 584].

#### LACTIC ACID CRAYONS IN THE TREATMENT OF TUBERCULOUS FISTULÆ.

Dr. Zippel (*La Semaine médicale*, No. 15, 1892) cauterizes fistulæ of a tuberculous origin with crayons of the following formula:

℞ Lactic acid, }  
Gelatine, } aa gms. 50 (3j¼).  
Water, }

Liquefy by warming gently and add:  
Menthol, gms. 30 (℥j).

Pour into moulds, dry, and in eight to ten days they are completely dry and ready for use; cover them with collodion. They then contain 40 per cent. lactic acid. Cut the end off obliquely, introduce and allow it to remain there several days.

The acid begins at once to melt and cauterizes even the deepest portions of the fistula. The incorporation of the menthol diminishes the pain. The collodion serves to preserve the crayons; they may be kept instead in oil or benzine. The gelatine may be replaced by starch or gum of tragacanth; the crayons prepared from these are harder and less elastic than those of gelatine.

#### ROUND ULCER CURED BY KEFIR.

Dr. Strassburger, of Vienna (*Wiener medizinische Presse*, No. 13, 1892), had a young patient under his care who had suffered for three years from gastric disturbances, repeated bloody vomiting, and finally from violent pains radiating from the stomach, which were especially worse after eating. All food was stopped and pure kefir administered every three hours. The vomiting ceased at once, the pains vanished, and the patient increased in weight.

—[Pritchard.

#### NUTRITION.

BY

M. J. CROUCH, M.D.,  
UNION, KY.

He who stands in a professional way by the bedside of the sick and suffering must often ask himself the pertinent question: What is wrong, and how shall I right it? It is evident to all that life is opposed to death, that health is opposed to disease. If we know what life is we know that death is the absence of that mysterious something. If we know what health is we know also that disease is the absence of one or more of those conditions known to be present in health. It is said that "life is an organization in action." It is more. There is a mystery, a depth of meaning to that little word, life, that we can not solve or fathom. We know that all living things must live, or they must die. To live they must be nourished, and being nourished they live. Thus we may not say what life is, but we can say that nothing can live unless it is nourished. May this not form a basis from which we can reckon the great importance of nutrition? The study of nutrition would naturally arise at this point of our subject. To begin with, a statement of leading principles *only* will be given here.

The construction of the human body is a "fixed" one, as well as its composition. The substances the physiologist wishes to deal with are known generally as "proximate principles." For a body to live it must act. Living is an active, and not a passive process. Action does not of necessity imply moving from place to place, but performance of functions normal to the body in question, and growth of the body. When a body ceases to grow and be active, it begins to die and become passive.

For the body to grow it must have "proximate principles" necessary for that growth, for the growth must consist of new material. If the body has functions to perform it must be at the expense of its own component parts, or the use it makes of other material.

Growth is a synthetical action. Functions may be synthetical or analytical results.

It is evident that in the end both would produce the impression known as hunger. Both, representing the life of an organization, would need food. That food, if such as would meet the requirements of either process, must contain *all* the principles needed. We know, as physiologists, that the laws of nature are *exact*. As pathologists, we can not fail to recognize the fact that these laws have been broken.

To bring out the distinction already made, nutrition is physiological or pathological. Physiological nutrition means health. Pathological nutrition means the opposite, or disease.

We all know that nutrition is essential to organic life, but do we recognize the importance of this knowledge, and emphasize the fact according to its merit? In this respect there is a vast difference in the practice of to-day and a few years ago.

The physician of that day had more confidence in his medicine and lancet than in the resources of "Dame Nature." To-day we would prefer to trust Nature than either his medicine or lancet.

A more exact knowledge of physiology and pathology with their accompanying lights, aided by the benign influence, has led us hither. Clinicians have supplied us with complete histories of various maladies, setting aside the false claims of old treatment, showing the natural tendencies of diseases, and extolling the virtue of supporting measures. Now, howsoever grave the disease may be, the condition of our patient's general nutrition has much to do with our prognosis. The nutrition of the body is such a complex process, beginning with the introduction of suitable food, and ending in the completion of constructive and destructive assimilation, that when disturbed or interrupted at any point it is difficult to right again. Nutrition may be disordered in various ways, or interrupted at any point, resulting in general disturbances and local manifestations of the fact. The disturbed and altered nutrition of the osteo-plastic tissues, the epiphyseal

cartilage and periosteum, is the important factor in producing rachitic bone disease. It is not so important to know what agent produced the abnormal state and altered nutrition of these tissues, as to know that the first link in the pathological chain, so serious, binding, and far-reaching in extent, must be a *disturbed or interrupted nutrition*. Hereditary influences, giving to the child feeble digestion and defective assimilation, are important factors. Children of tubercular, syphilitic, or otherwise enfeebled parents, are more likely to become rachitics than those of healthy and robust ancestry. Hygienic environments may be adverse to health or physiological nutrition.

Food may not contain the proximate principles necessary for the *proper nutrition* of the tissues involved. This food may not be properly prepared, or primary assimilation may be at fault, as the history of these cases would indicate. Then why look farther, and *magnify* things that can have no possible connection here? We have *only* to deal with a pathological nutrition. Nor need we go beyond the body to explain its etiology by foreign organism. The history of each case is sufficient. Micro-organisms may be present, but are they *foreign*? May they not be due to disordered conditions of ultimate tissues involved in nutritive disturbances? These observations may serve a very "*wide application*."

Scrofula is considered a diathesis in the etiology of which defective nutrition is included. It presents many evidences of a vicious nutrition, and seems to bear a close relation to syphilis and phthisis. Indolent glandular enlargements, due to hyperplasia of cells, is common. Bad hygienic environments, foul atmosphere, absence of sunlight, depressing fevers, insufficient or improper food, inherited vices, are the agencies considered active in developing the diathesis. *These are also the agencies most certain to produce a pathological nutrition.*

Profound blood changes, hemorrhages from different outlets, petechiæ, vibices, fetor of the breath, swelling and sponginess of the gums, enlarge-



ment and softening of the spleen, muscles of lower limbs swollen and hard, general weakness, lassitude and pallor, ulceration in mouth, and even ecchymoses on skin, inflammation of colon, and perhaps other portions of the bowel, old ulcers and cicatrices open, broken bones that have united separate, prostrations great, syncope and dyspnoea on slight exertion; this is a profile of a pathological condition which we recognize under the name of scorbutus. That the condition primarily and essentially is a vice of nutrition, no one can deny, with any evidence to sustain them in such an opinion. There is every evidence demanded by reason to believe that the absence of certain constituents of the blood is the primary cause of the extensive disturbance of nutritive processes in various parts of the body.

We might, with equal propriety, inscribe in the etiology of the affection that the continued use of food wanting in material necessary to supply the *proximate principles* required in the ordinary life and growth of the body was the primary cause of the pathological condition of the blood and other tissues involved.

The general review of those affections representing by common consent of the profession phases of disordered nutrition, support the proposition and warrant the deduction that a disordered nutrition enters into the *mechanism of all diseases*, and the *etiology of a great many*. This is only supporting measures which are so important in the treatment of disease generally. This is according to the experience of the general profession in favor of giving more attention to dietetics. Recognizing the fact in the beginning that we have to deal with a disordered or vicious nutrition, general or local, we adopt a conservative treatment, lend our efforts to assist nature in her endeavor to perform her functions in a normal manner, to rid the economy of the consequences of its vices, and restore the physiological conditions of the economy. This is the treatment, or mode of treatment, which science demands, and her light will vindicate. Go where we may in the domain of pathology, inspect the tissues or organs

involved by the closest examination with the best known modern instruments and accessories, we find only an abnormal nutrition in these tissues, or the results of that condition, and the consequent change of the normal function of the organs. We find the cells composing these tissues undergoing excessive growth—hypertrophy, excessive proliferation, hyperplasia, defective nutrition, giving us what we call fatty degeneration. Nuclei may proliferate viciously, giving rise to various pathological conditions, as tubercle, cancer, and other malignant growths.

The list might be indefinitely extended. It is not necessary to go beyond the body, with its intricate construction and varied functions, to seek an explanation of its many pathological conditions. We should expect its nutrition to be intricate, as well as of vital importance.

The intrinsic power of the ultimate tissues of the body to take unto themselves such food as they need, and convert it into their own proper substance, thus changing an inert mass into a living substance, enables these same tissues to perform their functions even under adverse circumstances. Efforts of growth and repair are always evident, even when pathological changes are *most vicious*. Wherever normal tissues are properly nourished, they live, and perform their functions in a normal manner. Let the supply of properly-prepared food fail, either in quantity or quality, and nutrition of the vital unit, or the body as a whole, can be no longer adequate for the life of the one or the functions of the other. This food must go through a series of complex processes before it is properly prepared, each of which must be perfect; for nature is not tolerant of anything short of perfection. These processes combine to make complete nutrition in all its marvelous exactness, and as a wonderful result meeting every requirement of life with its varied functions. It serves to awaken in us alike our reverence and admiration, and teaches us how best to administer to the body in time of need.

[TO BE CONTINUED.]

## PSORIASIS AND THE NEW REMEDY, GALLACETO- PHENONE.

A Paper read before the Academy of Medicine, March 28, 1892,

BY

JULIA W. CARPENTER, M.D.,  
CINCINNATI.

A. H., aged seventeen, first came under my care three years ago. The trouble was psoriasis guttata, appearing chiefly on the face, chest, arms, and from the knees to the ankles. This eruption he had been troubled with since childhood, and he had had the best advice and care of some of our prominent physicians.

During the three years that he has been under my supervision, he would improve under treatment, remain well a few months, and then have a relapse, as is usual in such cases. I never pushed the arsenic treatment, as it does not prevent relapses. I preferred to rely on something less harmful.

The best results were obtained by the external application of a solution of salicylic acid in alcohol, about fifteen grains to the ounce.

At the time of one of the worst attacks, I used the Faradic current. As this disease is thought to be a neurosis, I thought it worth while to try the efficacy of electricity in the absence of something better, although I could not find any reference to its use in this disease. It was applied on the back of the neck and the forearms. There was an immediate and great improvement. With its use at a subsequent attack the improvement was not so great. I encouraged him to wait patiently for a new remedy, that it seemed must come among the host of new ones. At last it seems to have arrived in the new preparation, gallacetophenone.

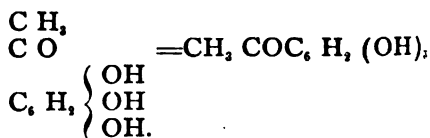
In the *N. Y. Medical Journal*, of February 6, 1892, there appeared an article by Dr. Hermann Goldenberg on the efficacy of this new remedy in psoriasis. He stated that he had used it since the middle of last October in thirty cases of skin diseases, twelve of which were psoriasis, and that the good

effects were seen in twelve hours. The results, as described in those twelve cases, were so surprisingly good that I sent at once for the remedy, and used it as stated in the article, namely, a 10 per cent. ointment, applied twice daily. The good effect was immediate, the scales disappearing in two or three days, the redness gradually fading, and the skin taking on a normal appearance.

No other remedy, in this case, has had a similar effect, and this one case is reported simply because it accords with the many successive cases reported in New York and abroad.

Gallacetophenone is a yellow powder, without odor, and does not stain, and has the advantage of being used only as an external application. It is scarcely soluble in cold water, but is soluble in hot water, alcohol, ether and glycerine. As it does not discolor the hair, it can be used in psoriasis of the scalp. That it is perfectly harmless, has been proved by experiment on animals.

It is prepared from pyrogalllic acid, and its resemblance to pyrogalllic acid suggested its use in psoriasis. Its chemical formula is:



It is pyrogalllic acid in which CH, CO are substituted for H.

The chemically pure article can be obtained from Messrs. Bryan & Schweitzer, consulting chemists, No. 159 Front Street, New York City.

[FOR DISCUSSION SEE P. 583.]

### TREATMENT OF GRAVES' DISEASE.

Dr. Draper (*Gazzetta medica di Roma*, No. 19, 1891) employs rest, change of scene, a nourishing diet, and digitalis as a cardiac tonic. This remedy, however, must be given with caution, watching its action carefully. The iodide of potash gave him the best results, in the majority of cases, when administered early.

—[Pritchard.]

## Society Reports.

### THE ASSOCIATION OF MILITARY SURGEONS OF THE NATIONAL GUARD OF THE UNITED STATES.

REPORTED BY

CAPT. F. W. HENDLEY, M.D.,

Assistant Surgeon, 1st Infantry, O. N. G.

The second meeting of the above-named association was held in the city of St. Louis, Mo., on Tuesday, Wednesday and Thursday, April 19 to 21, 1892.

A large number of surgeons and assistant surgeons of the National Guard were in attendance, representing the States of Massachusetts, Rhode Island, New York, New Jersey, Pennsylvania, Ohio, Illinois, Michigan, Wisconsin, Minnesota, Colorado, Arizona, Wyoming, Kansas, Iowa, Missouri and Alabama; also eight surgeons of the U. S. Army and three from the Marine Hospital Corps, with a considerable number of field and line officers of Missouri and other States. The meetings of the Association were also attended by many physicians and surgeons of St. Louis and vicinity.

The business sessions were held in Memorial Hall, in the Museum of Fine Arts, corner of 19th and Lucas Place.

#### *First Day.*

At 10 o'clock on Tuesday morning the Association was called to order by Colonel Eustathius Chancellor, Chairman of the Committee of Arrangements, and the convention was opened with prayer by Rev. John Snider, D.D. Hon. David R. Francis, Governor of Missouri, was introduced and said: "I appear here as Commander-in-Chief of the National Guard of Missouri, to welcome you to the State. The main object of your organization is to promote and improve the science of military surgery, and by interchange of views and narration of observations and experience, to better fit yourselves to discharge the honorable and patriotic duties which you have assumed as citizen-soldiers of this Republic. Proficiency in any honorable pursuit is worthy of earnest effort. But when that pursuit is without compensation, and when, as is the case in the National Guard, it only gives a remote promise of distinction, that avocation requires a high order of men as its followers."

Continuing further, the Governor paid high tribute to the character of the men composing the National Guard, and expressed his pleasure that the medical officers were so enthusiastic and earnest in their work.

Dr. T. F. Prewitt, of St. Louis, extended a welcome on behalf of the medical profession of the city, and read an interesting historical treatise on the origin of the surgeon on the field of battle.

Hon. E. A. Noonan, Mayor of St. Louis, performed the duty of welcoming host, on behalf of the city, and in a very interesting address declared that to the physician and surgeon the modern world owed more than to the master of any other science.

Lieut.-Col. Chas. R. Greenleaf, U. S. A., spoke on behalf of the United States Army and of the Surgeon-General. He stated that he had been directed by the Surgeon-General to express to the Association his regrets at his absence, and his hearty and cordial support of the organization. He also laid before the Association some points which he considered necessary to its improvement, and the improvement of the medical service of the Guard, and declared that as the surgeon in attendance to the wounded in battle went through the danger of the soldier whose life he helped to save, it was his just due that his position be recognized and appreciated.

The response on behalf of the Association was delivered by Lieut. Angelo Festorazzi, Alabama N. G. After expressing the thanks of the Association for the kindly welcome extended and the admirable arrangements provided, he referred to the life of the military surgeon, and refuted the general conception that on the field of battle he stays in the rear instead of going to the front on the fighting line. "He goes wherever duty calls him, and, as often

as not, renders professional services to the wounded under the fire of the enemy."

General Nicholas Senn, of Chicago, Surgeon-General, Illinois N. G., and President of the Association, then delivered the Annual Address. He referred eloquently to the usefulness of the Guard, and the necessity for its medical department keeping pace with the times, not only in medicine, but in military tactics. He outlined some of the work which should be accomplished by this association. Every National Guard surgeon should be a member. Every State should have a State Military Surgeons' Association, with the National Association as a center. He emphasized the necessity for competitive examinations as a test before being commissioned as a medical officer, such examinations conducted by a board of medical officers, as is done in the U. S. Army. "When appointments are made on merit, and not by favoritism, the reputation of the medical department of the National Guard will be greatly enhanced in the estimation of the line officers, the medical profession, and the public."

He favored the formation in each State of a "Medical Corps," under the supervision of the Surgeon-General, who could detail the medical officers for duty as location and other circumstances might dictate.

He recommended to the members the necessity for devoting themselves to thoughts of improvement in medical treatment made necessary by the new methods of warfare, and earnestly advocated the establishment by the general government of a National Military Medical School. All the larger countries of the old world have such schools, where their army surgeons are educated and trained, not only as doctors, but as military men. It is a burning shame that our country, the greatest and richest, has no such institution. It should be located at Chicago or St. Louis, as either city possesses all needed facilities. The government already has its two military schools in the East, at West Point and Annapolis; now let the West have the third National military institu-

tion. When established the National Military Medical School should be open to national guard surgeons, as well as to those of the army. The interest of military surgery would be greatly enhanced by having such a school, to enable army surgeons to take a three or four months' post-graduate course also, every five years. Several members of Congress have spoken favorably regarding the project, and by earnest effort this Association can accomplish it.

General Senn also suggested the appointment of a committee to invite the different nations of the world to send delegates to the proposed International Congress of Military Surgeons, to be held in Washington, D. C.

On motion a committee was appointed to take steps to carry out the recommendations contained in the President's Address, especially that relating to the establishment of a military medical school. The committee consists of Col. C. M. Woodward, Surgeon-General Michigan N. G.; Col. Reed, Pennsylvania N. G.; Col. H. L. Burrill, Medical Director Massachusetts N. G.; Col. Scott Helm, Surgeon-General Arizona N. G., and Lieut. Clark, Minnesota N. G.

At the suggestion of General Senn, the Army, Navy and Marine Hospital Services were given honorary representation in the Association. The surgeons-generals of Germany, Great Britain, France and Italy were elected honorary members.

A recess was then taken until 2:30 p.m.

In the afternoon the following papers were read:

1. Capt. Chas. B. Ewing, U. S. A., "The Wounded of the Wounded-Knee Battlefield, with Remarks on Wounds Produced by Bullets of Large and Small Calibre."

2. Gen'l. Scott Helm, Arizona N. G., "Primary Dressings of Fractures."

3. Major A. C. Girard, U. S. A., "Sanitary Duties and Rights of Medical Officers in Relation to the Line of the Army."

4. Major John Van R. Hoff, U. S. A., "Some Notes on Military Sanitary Organization."

5. Major L. C. Carr, Ohio N. G., "Some Needs of the National Guard."

All of these papers were interesting and valuable, and will repay careful reading when they appear in the transactions of the Association.

The description of the battle of Wounded Knee was accompanied by a chart, and the engagement was vividly described in all its thrilling details, the speaker having been in charge of the medical department at the time. The wounds were referred to particularly, they having occurred at very close range and presented some peculiarities in consequence. The speaker alluded incidentally to other engagements with the Indians, and declared that this country was neither keeping pace with the humanity of nations, nor increasing the efficiency of its army, by still holding on to the antique, single-loading Springfield rifle, calibre 45. Modern arms are superior to ours by reason of possessing greater velocity, flatter trajectory, greater accuracy, greater penetration and greater range. Modern military rifles of smaller calibre, using smokeless powder, have completely changed the character of wounds inflicted in battle, especially as regards injuries to bones, and will enormously increase the total number of wounds inflicted.

The writer declared that 80 per cent. of wounds result from rifle-balls, 15 per cent. from heavy guns and 5 per cent. from cavalry weapons.

Major Girard in his paper suggested that in order to secure a well-written article upon the duties and rights of medical officers, a committee should be appointed to receive essays on the subject, and the one adjudged to be the best should be published by the Association, and be a text-book for the use of military surgeons, as there exists nothing at the present time, and the surgeon is unable to find what he should know, except by experience often unpleasant and disastrous.

Major Hoff urged the necessity for the formation of ambulance corps, and defined clearly the distinction between the ambulance corps and the "company bearers." Both are necessary, but the

second is only an adjunct or reserve for the first. The detailing of men in regular militia companies and calling such detailed men members of a "hospital corps" is improper and absurd. To conform to the provisions of the Geneva Conference, the hospital or ambulance corps must be a separate detachment, entirely disconnected with the regular companies. "Company bearers" cannot wear the Geneva cross, but can only wear a plain, red brassard. Their duties are only to carry the wounded toward the rear, and assist the ambulance corps when the number of wounded is too great for them.

Each state should have its hospital corps, with detachments stationed with each regiment, just as is now the case in the army.

Major Carr emphasized the lack of harmony in the different states, owing to the apparent partiality shown in distributing funds and supplies by the government. Congress does not do enough to elevate the guard, and does not supply enough money to equip it as it should be. What is given is done very niggardly, and is really only a loan, and yet in the event of invasion the National Guard must take the field and be the nation's defense. It is a short-sighted policy which continues to cripple that defense.

Major Carr also quoted some statistics showing the average cost of each soldier to his government, as follows: Russia, \$125; Austria, \$190; Germany, \$210; France, \$242; England, \$371; United States (regulars) \$1,000; United States Government (for National Guard) \$3<sup>62</sup>/<sub>100</sub>.

England can put 120,000 soldiers on our borders within forty days. If we are given time we can raise 4,000,000 to oppose them, but we would not be allowed that time. Therefore our 106,000 National Guards must be equipped properly, wisely and liberally, in order that they may give strong support to our regular army of 24,000, and help in the fight for time, until our millions can be collected, equipped and drilled.

Major Carr's paper made an exceedingly favorable impression, and at its

printed in pamphlet form for extensive distribution among Congressmen and the public newspapers every-where.

A recess was then taken until tomorrow morning.

### *Second Day.*

Wednesday morning the members of the Association assembled in the amphitheatre of the City Hospital, where a clinic was conducted by General Senn. With him were Gen. J. D. Bryant, Surgeon-General, New York N. G.; Capt. Ewing, U. S. A.; Dr. Marks, head of the City Hospital; Dr. A. G. Bernays, Col. Eustathius Chancellor, and the members of the City Hospital staff; also Mayor E. A. Noonan, who was an interested witness to the work. On the benches were the members of Association and numerous physicians of St. Louis.

General Senn was not able, on account of lack of time, to carry out the full programme intended, but he made two operations of great interest, and exhibited cases which would be operated upon later.

The first case presented was one of tubercular disease of the knee-joint, the patient being a man apparently over sixty years of age, and the disease well marked. The operation made was that of arthrectomy, and the methods employed were in several points original with Dr. Senn. The incision of the skin was made in a large curve, with its convexity upward instead of downward, and the operator explained clearly and forcibly his reasons for preferring the upward curve in all such operations. After dissecting back the the lower flap the patella was divided by sawing, across its middle, and the joint exposed. The entire capsule of the joint was rapidly dissected out by the knife, taking especial care to remove it completely in the upper pocket, the crucial ligaments, and the ends of the bones carefully curetted. During the operation the wound was frequently thoroughly flooded with solution of iodine, and at the conclusion iodoform was dusted over the entire surface

bunch of iodoform gauze to remove small shreds of tissue, after which the iodine solution was again used liberally. Catgut threads were placed across for drainage, the patella sutured by catgut, and the external wound by the same. After applying antiseptic dressings the entire limb was enveloped in a plaster-of-paris dressing, the limb being slightly flexed. The operation was made under chloroform.

The second case was also one of tubercular disease, but involving both the ankle and knee-joints, in a young man, much emaciated. The operation decided on was amputation in the lower third of the thigh. The anæsthetic used in this case was ether. The Esmarch tourniquet was applied without applying first the rubber constrictors over the entire limb below, as Dr. Senn declared this should never be done in tubercular affections.

In both of the cases, however, the limb was elevated for five minutes before operating to drain off the blood as much as possible before applying the tourniquet. Careful attention was given to the complete cleansing of the parts before beginning to operate, and the appliances of the hospital seemed to be ample in this respect.

The amputation was made in the usual manner, and the only special points to be noticed were in the closing of the wound. After tying the artery by double catgut ligatures, the end of the artery was buried deep in the wound by suturing over across its end two masses of muscular tissue from either side. The nerve was drawn out and over two inches of it cut off, thus preventing the possibility of adhesion to the scar and formation of neuroma. Finally, a line of inner sutures were placed in position, uniting the muscular masses over the end of the bone, over which the periosteum had been previously sutured. Then the sutures of the skin were placed in position. All sutures used were catgut. The wound was dressed with iodoform gauze.

One point on which Dr. Senn laid great stress in both these cases was in

entire wound, when the tourniquet is removed, to prevent capillary hemorrhage, such pressure being kept up for several minutes.

Other cases exhibited, but not operated on at this time, included a case of gunshot wound of the head, the bullet being still in the brain, some brain substance being lost, and the patient being conscious and in good condition; a case of hip joint disease, and a case of malignant disease of the jaw.

Dr. Marks tendered to the visiting surgeons a most excellent dinner, in the hospital, and at 2 o'clock all adjourned to the Armory, on Pine street near 17th, to witness the exhibition of hospital appliances and drill of hospital corps by a detachment of the Hospital Corps from Fort Riley, Kansas, under the direction of Major John Van R. Hoff, U. S. A. This exhibition was the most interesting and valuable part of the entire work of the convention, and will be fully described next week.

[TO BE CONTINUED.]

#### ACUTE RHEUMATIC CRICO-ARYTENOID ARTHRITIS.

Dr. Luc (*La Semaine médicale*, No. 13, 1892) had a case of rheumatism under observation which presented, together with the joint affection, pain in the throat, dyspnoea, hoarseness and wheezing. Examination with the laryngoscope revealed slight congestion of the vocal cords, enormous swelling of the left crico-arytenoid region, and a round tumor of the size of a small nut; left vocal cord and arytenoid cartilage absolutely immovable. A left acute rheumatic crico-arytenoid arthritis was diagnosed, and after an insufflation of cocaine three grammes (forty-five grains) of antipyrin and two grammes (thirty grains) of the iodide of potash were prescribed daily. The tincture of iodine was applied as a revulsive to the neck, externally. This caused the symptoms to diminish and disappear. There was a remarkable oscillation be-

*Meeting of March 28, 1892.*

The President, G. A. FACKLER, M.D.,  
in the Chair.

T. V. FITZPATRICK, M.D., Secretary.

DR. JULIA W. CARPENTER read a paper on

*Psoriasis and the New Remedy,  
Gallacetophenone* (see p. 578).

#### DISCUSSION.

DR. RAVOGLI:

I find reason to congratulate Dr. Carpenter for the result obtained in psoriasis by means of the gallacetophenone. This new preparation was discovered by v. Nencki, and has the same chemical constitution as pyrogallol, only its power of oxidation is not so strong. It is not poisonous, and probably this is the reason why it should be preferred to pyrogallol. It has marked antiseptic power, so that when mixed in bouillon which contains cultures of staphylococcus aureus, or pyocyaneus, etc., in twenty-four hours the bacteria are all destroyed.

Prof. v. Jetz used this remedy for psoriasis in his clinic, and he claimed with good results.

If we look into the books for the whole literature of psoriasis in order to know what psoriasis is, we must maintain the opinion expressed by Prof. Auspitz, that no living man knows anything about this disease. Hebra classified this disease among the exudations, although no secretion has ever been found on psoriatic plaques. Auspitz classifies it among the epidermidoses, and he gave the best description on the anatomico-pathological results. Lang came out with the presence of parasites, but no parasitic organisms have been as yet confirmed, and the disease has never been reproduced by inoculation. Polotebnoff tried everything to show that some patients affected with psoriasis had suffered with nervous disorders, and that psori-

Arsenic is used in cases of chorea and hysteria, and its principal action is developed on the nervous centres. We can help psoriasis with arsenic without using any external application, and its action would probably be from the impression produced on the nervous centres which preside over the nutrition of the skin. I must state that the best results I have obtained in the treatment of this disease have been due to the use of arsenic, which I bring to a large dose, either in the form of Asiatic pills or in the form of a solution—Fowler's.

The external means in psoriasis are chrysarobin, pyrogallol and tar. Chrysarobin has a wonderful effect, but the following dermatitis is an objection to its use. Pyrogallol is also a great remedy, and does not produce dermatitis so often as the first. Tar is always an old friend, and especially at the end of the treatment restores the skin to the normal condition. In gallacetophenone, however, we would have the same action of reducing the psoriatic spots, and it would not be poisonous, nor would it stain the linen like the others.

DR. DRURY:

I know practically nothing of the remedy; I will therefore speak chiefly of the disease, psoriasis. Psoriasis occurs sufficiently often to make it worthy of study. According to Bulkley, it occurs in 4.12 per cent. of the cases of skin disease in New York. The etiology of the disease is not understood; the pathology is still in question, and the treatment as yet unsatisfactory. The appearance of a typical case is familiar to all. The points at which it usually makes its first appearance are the extensor surfaces of the knees and elbows, and the scalp, in the order named. In the latter locality the silvery appearance of the scales is often modified by the commingling with them of sebaceous matter and dirt which has accumulated when the hair is abundant and not carefully attended to. A. R. Robinson, of New York, has probably thrown more light on the pathology of the disease than any other authority. He says it consists of an overgrowth

crease in the length of the papillæ of the corium. In 1878 E. Lang published his researches into the cause of the disease, which he believed was a fungus, to which he gave the name of epidermidophyton. This he located in the lowest layer of the rete mucosum. Wolff and Weyl also found the fungus, but they also found it in other affections. Lang's theory has been discarded. Its chief point of interest is its apparent relation to arthritis and some other diseases.

DR. PHILIP ZENNER reported a case of

*Brain Tumor with Peculiar Visual Symptoms* (see p. 572).

#### DISCUSSION.

DR. AYRES:

This case is one in which I take a great deal of interest. I examined the young lady about two years ago and treated her for deafness, and ordered glasses for her hypermetropia. At the time I made the examination there was absolutely no involvement of the optic nerve. I did not see her again until she was referred to me by Dr. Zenner, when I noticed a slight impairment in her vision. This case was not of a hysterical form like the ones we mostly see. I recall a case of a young school-teacher who suffered with the most marked hysterical attacks of vision I had ever seen. For two to five minutes she would be unable to see or recognize a single thing, when, as if by a miracle, her sight would suddenly be restored again. We see many of these cases of brain tumor, but, not being able to follow them to the end, they are lost to us as well as to the entire profession.

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#### IODIDE OF POTASH IN CHOREA.

Dr. Sewening (*Norsk Magazin for Lægevidenskaben*, No. 2, 1892) had a one-year-old girl suffering from chorea under his care. Iron, arsenic and the bromides were of no service. Scrofulous symptoms appeared, for which the iodide of potash was given, with rapid improvement of the chorea.

—[Pritchard.]



*Meeting of March 9, 1892.*

The President, A. W. JOHNSTONE, M.D.,  
in the Chair.

R. C. JONES, M.D., Secretary.

*Chorea.*

DR. CALDWELL:

I have had a number of cases of chorea recently under my care, one in a child of five years, occurring after scarlatina. The father died of tuberculosis. The child is strumous, but, with the exception of eczema at the time of den-tition, has been healthy. Had scarlatina this summer, nothing unusual occurring until convalescence, when scarlatinal rheumatism developed, which subsided under salicylate of soda. This was followed by chorea. The mother had had it when a child. The rheumatism may have had some causative effect, but it was probably due to heredity. Another child had had mild attacks of the disease. The case related lasted ten weeks, the attack being so severe as to necessitate confinement to bed. She was placed upon bromide, then afterward on arsenic (Fowler's solution) gtt. ii-vi, three times a day, as much as she could bear, being weak, anæmic, and the stomach irritable. Arsenic ameliorated the symptoms, but did not shorten the attacks. It is a question whether the scarlatinal rheumatism did not develop a predisposition to chorea. The second case was one of hemichorea, jerking of one arm and leg, afterwards some hemiplegia being, appar-ently, developed. Bromides, and then iron and arsenic were administered, the case recovering in about eight weeks. This one also had a history of rheumatic pains in the knee, ankle and shoulder, prior to the attack of chorea.

DR. J. E. JONES:

I have recently attended a child of eight years, whose parents are cousins, having violent attacks of chorea. She is usually cured by purgative doses of calomel. Ordinary tonics and treatment have no beneficial effects, but she is

"grippe" her choreic attacks were readily controlled by antipyrine. Another case, in a girl of fourteen years, cleared up when two long worms were passed. The digestion should always be looked into.

DR. ISHAM:

I think the case narrated by Dr. Caldwell was due to rheumatism, and not to heredity. Fright and a desire to imitate are often causative agents. It is a well-known fact that children are tolerant of arsenic, and full doses (ten gtt.) may be continued for weeks, with no ill effects.

DR. SCOTT:

In three years I have had six cases, three cases in one family. There is a history of rheumatism in the parents. In the oldest child, sixteen years, full doses of calomel have a better effect than any other treatment. To the other daughter I gave gtt. twelve of arsenic for several weeks, with recovery. Treated a severe case in a boy (asso-ciated with nocturnal incontinence) with Fowler's solution, for three months. During vacation the chorea disappeared, but re-occured upon re-suming school. The family, on one side, are very nervous, one uncle having had epilepsy. The chorea still persists.

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AMYL NITRITE IN THE ACCIDENTS  
OF CHLOROFORM-NARCOSIS.

Dr. Burral (*Deutsche med. Wochen-schrift*, No. 3, 1892) recommends inha-lations of amyl nitrite in the treatment of the accidents of chloroform anæsthesia. It dilates the vessels of the brain and combats the cerebral anæmia. He has never observed any disagreeable symptoms from its.

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BICARBONATE OF SODA IN  
GONORRHEA.

Dr. Castelian (*Cronica médico-qui-rurgica de la Habana*, No. 1, 1892) treats gonorrhœa by urethral injections of the bicarbonate of soda. Its use is entirely inoffensive.

—[Pritchard.]

## PARISIAN MEDICAL CHIT-CHAT.

Translated from the *Journal de Médecine de Paris*.

BY T. C. M.

*Sociological Balzac. — Tobacco and Thought. — An Indispensable Inquiry. — Opinion of Victor Hugo on Cigarettes. — The Disciples of the Nicotine Herb. — Opinions of Voltaire and Rousseau. — Eminent Tobaccophobics.*

Balzac, who knew so well how to discuss social problems, wrote in 1838: "Each man is master of himself, according to modern law, but if the select or the common people who read these pages believe they do not injure themselves by smoking like steam tugs, and drinking like Alexander, they deceive themselves strangely; they demoralize the race, prevent generation, from whence comes the ruin of their country."

This is evidently one of the views to take of questions so complex as the influence of those modern poisons which we call alcohol and tobacco.

As for tobacco, what ills has it not been accused of having wrought?

Tobacco suppresses salivation, produces dyspepsia, irritates and dries the bronchial tubes, provokes sore throats, and enfeebles the action of the heart. It must certainly weaken, too, the power of propagating the species, by inducing impotency, and is found to be, owing to this fact, a most powerful agent in producing depopulation. The adversaries of the Herb of Nicot go farther and claim that it induces a decay of human intelligence.

It was also Balzac who wrote: "Tobacco destroys the body, attacks the intelligence and stupefies nations."

We do not intend to champion the cause of the tobaccophagics, but we have the right to criticise the exaggerations of some of their adversaries. If tobacco diminishes the procreative appetite, its effects are only transient. If it exercises an influence on the conceptions of the

complete.

For a long time an inquiry has been going on as to this question, and we have endeavored to ascertain whether the habit of smoking is prejudicial to literary men; if it does not in the long run interfere with mental evolution, by exercising an injurious influence on the brains of men of letters.

On every hand we have made investigations and counter-investigations, and we cannot determine whether we have made any positive advances. Our statistics seem mixed up, and somewhat incoherent. Statisticians endeavor to prove that public school and college smokers were the poorest scholars in their classes. Yet, we must remember that any side of an argument can be proved by statistics. Dr. Decaisne, for the Lyceums, Bertillon and Joubert for the polytechnic schools, and other authorities for moral institutions, have sought to prove by figures the relations between idleness and the use of tobacco. These are laudible attempts in a just cause, but should they not have taken care not to have inverted the order of factors in this problem?

As Dr. Rochard has remarked, "who shall prove to us that these are not precisely the lazy scholars who smoke in their leisure hours, and that, therefore, it is not the tobacco that makes them idle?"

Tobacco, claim its adversaries, weakens the memory, and they never fail to cite the case of the Abbe Moigno, who renounced smoking in order to find the memory that the smoking habit had caused him to lose. But might not this single case have been a single coincidence?

Is tobacco an aid, or a poison to intelligence? Does it aid in intellectual labor, or does it interfere with the formation of ideas?

Let us see what the experimental method will do towards solving the problem. We shall gather the experience of those who smoke, of those who have ceased to smoke, and of those who have never smoked.

The argument of smokers is this:

politeness, an obliging disposition, and increases sociability. The habit is a distraction, a relief from pain, a pleasure. It is a calnative, bringing on a necessary mental peace, says Richet. It induces torpor which assumes the force of reverie, say others. Certain authors propose a distinction between a pipe and cigarette. The pipe is a friend of solitary meditation and long work pursued in the silence of a quiet room with the shadow of night outside. The cigarette is consumed in a few minutes. It is an aid to rapid work with slow thought.

This was the opinion of Victor Hugo, who one day said to Villiers, who vaunted of the good effects of cigarettes: "Believe me," said he, "tobacco is more injurious than useful; it changes thought into reverie," and the great poet put this idea in more explicit terms when he wrote in one of his books: "Thought is the labor of intelligence; reverie is its voluptuary. Replace thought by reverie, and you confound a poison with nourishment." In spite of this anathema tobacco has its disciples.

Smokers have a special cult. Let us speak of those first who have disappeared. In the generation which preceded us many men of letters were smokers. Emilie Augiér, Henry Bertroud, Gautier, Banville, who adored the muse, Gozlan, Paul Feval, and George Sand all smoked cigarettes. Jules Sandeau smoked lying on a divan, in Oriental style. Alberic Second always smoked when not in the presence of ladies. Lamartine smoked quantities of pure Havana. About smoked after each meal. Roger Bevoirir smoked in order to disgust his son with the habit, so he claimed. Barriere's life was only one long cigar. Among painters the smokers were: Horace Vernet, Delacroix, Meissonnier, Couture, who loved a quiet pipe or occasional cigar, while Dubief and Chaplin adored cigarettes. Such musicians as Ambrose Thomas, Felician David, Verdi, Aime Maillart

me, perpetually smoked cigars which he chopped up with a knife and used as cigarettes.

Going further back in literary history we find that Milton, Addison, Byron and Walter Scott smoked, and we cannot forget tobacco without mentioning Newton, Bacon and Kant who were not contented with snuff alone, but needs must smoke likewise. As to old doctors, we possess little actual evidence. The great Broussais was an habitual smoker whom tobacco did not seem to injure, although Balzac claimed that without an excess of work and cigars he might have lived a century. Dr. Amadee Latour was an immoderate snuff taker. He had, according to Dr. Rochard, contracted the habit in order to cure a chronic facial neuralgia from which he suffered. Snuff, he claimed, inspired his most delicate thoughts and ingenious ideas, but he admitted that it made his hand tremble, which interfered with his business. But he never had the courage to renounce the habit.

At the present day there are but few smokers among literary men. Aside from Alphonse Daudet and F. Coppu, who has smoked cigarettes incessantly, the majority of writers have renounced smoking, or have never been smokers. They follow in this the example of Goethe, who would not admit that a man of genius smoked, or that a smoker was a man of genius; of Heinrich Heine, of Dumas, the elder, who never smoked, of Balzac, who inveighed against the bad habit, of Barbey d' Aueville, and of Michelet, who detested tobacco in any shape. Voltaire condemned the herb in his "History of Charles XII." Rousseau declares it a vile habit in his "Confession," while Fournier affirmed "it is the opiate of the human mind. People who smoke are people who perish."

Montesquieu believed its consumption should be restricted to the wealthy classes.

Stendohl pretends that, "if smoking continues a century or two longer, the intelligence of the world will end in its

dangerous obstacle to conjugal happiness." Raspail assures us: "If the tobacco-maniacs laugh at the dangers that threaten them, it is because they are partly brutalized."

Victor Hugo tried to cultivate the habit several times while in exile in Jersey, but never succeeded. Saint Beuve and Victor Cousin never dreamed of trying the herb, while DeVigny was deeply offended when any one offered him a cigar. Guizot, Thiers, De Broglie, Villemain, Berryer, and many other French statesmen were tobacco-phobiacs. Miguet always accepted a cigarette when in the company of Merimee and Saint Marc Girardin. The two brothers Lacroix, the learned Jacob, Paul Foucher, Henry de Pene, Pontmartin, Cuvillier Fleury, Arsene Housaye and Louis Colet never smoked outside of the academy. Auber and Berlioz are among the musicians who never smoked. Meyerbeer permitted his guests to smoke, but never smoked himself.

To see so many contradictory opinions leads us to assert with Tolstoi, in his "Vicious Pleasures," "that men of genius who do not smoke nor drink are frequently on an incomparably higher intellectual and moral level than drinking and smoking *literateurs*."

How is it, nevertheless, that men who drink and smoke often have high moral and intellectual qualities? Can it be by smoking more that some men develop their intellectuality? Notwithstanding the elements of information collected, it would be rash to draw absolute deductions from the evidence here adduced.

Zola, for instance, who has not smoked for ten or twelve years, on the advice of a physician who thought the novelist was threatened with heart disease, will not affirm that tobacco has had any effect on his literature. On the contrary, Dumas, the younger, does not hesitate to declare that tobacco and alcohol are the strongest adversaries to intelligence. Let us add to the list Octave Feuillet and the composer Gounod, who have broken off the tobacco habit, and congratulate them-

we break off a habit which has existed a few years. It is very painful, this sudden renunciation of a habit that has lasted forty years. At times, yet, my fingers mechanically roll the pieces of paper they happen to touch," wrote Gounod the composer.

Yet, notwithstanding all this, we prefer to stop at the conclusion that the relation of intelligence and nicotine remain in the domain of hypothesis. "*Ad bhuc, sub judice.*"

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## THERAPEUTIC NOTES

FROM GERMAN, FRENCH, ITALIAN, NORWEGIAN AND CUBAN JOURNALS.

TRANSLATED BY  
F. H. PRITCHARD, M.D.,  
NORWALK, O.

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### ABORTIVE TREATMENT OF GONORRHOEA.

Dr. Cotes (*La Semaine médicale*, No. 14, 1892) finds that the urethra is attacked to the extent of only ten or twelve centimetres from its orifice. Basing his inference upon this fact, he has treated gonorrhœa, with the result of aborting the disease in a short time, by cauterization of the mucous membrane with a 2 per cent. solution of argentic nitrate. The patient having urinated just before and after preliminary anæsthesia with cocaine, an endoscope is introduced into the urethra for a distance of twelve centimetres—that is as far as the mucous membrane is affected. A probe, wound with cotton, is introduced as far as the opening of the endoscope and brought into contact with the mucous membrane, the probe being dipped into a 2 per cent. solution of nitrate of silver. The instrument is then withdrawn to within five centimetres of the orifice, when another pledget, soaked in the silver solution, is introduced and the endoscope slowly extracted, thus bringing the solution well into contact with the mucous membrane. This cauterization provokes a burning pain, easily bearable, and which disappears at the

end of ten minutes. The patient takes a warm bath and the next day, if possible, keeps his bed. The usual diet of such patients is prescribed, together with some saline purgative, copaiva, and some astringent urethral injection.

These injections, the object of which is to clean the urethra of its secretions, should be made quite often—up to six times a day. The syringe employed should not contain more than eight grammes of the liquid, in order not to distend the urethra beyond the affected portion; this amount being sufficient to reach the whole of the diseased membrane. The immediate effect of this treatment is, singularly enough, to produce an abundant purulent secretion, which persists for from twenty to forty-eight hours, finally to diminish and take on a serous character. Then, at the end of seven or eight days, the discharge ceases, and the patient is cured.

#### TREATMENT OF SOFT CHANCRES AND SUPPURATING BUBOES.

Dr. Gamel, of Marseilles, France (*La Semaine médicale*, No. 16, 1892), praises camphorated carbolic acid in soft chancres. It hinders the development of phagedena and renders ordinary (soft) chancres simple wounds, to cicatrize in three days. Very extensive chancrous wounds healed rapidly under its influence. He employs the following formula:

R crystallized carbolic acid, gms. 10  
(3i jss).

Camphor, . . . . gms. 25  
(3vi).

Mix and warm on a water bath,

This forms a limpid, syrupy liquid, similar to glycerine, and of a very agreeable odor. The dressings should be repeated twice a day. Clean the sore well with absorbent cotton and apply small pledgets dipped into this preparation. Keep this in place by a cotton dressing held in place by a salolized gauze strip. Suppurating buboes are treated by irrigation with a strong solution of carbolic water and dressed with phenolized camphor. Buboes which are slow to suppurate are easily managed with injections of iodoform in

ether. Inject one cubic centimetre three times a week by means of a hypodermatic syringe with a long needle.

#### PHENATE OF COCAINE.

Dr. von Oefele (*La Semaine médicale*, No. 15, 1892) employs this salt exclusively, combining the two substances, on account of their analogous action. This salt has a more persistent analgesic action, while the chances of poisoning are less. The addition of phenic acid is, according to Glueck, one means of diminishing the danger of cocaine poisoning. The phenate being insoluble in the juices of the tissues, the danger of poisoning from its local use is small, as little or none is absorbed, while its anæsthetic action is persistent and more lasting than with the muriate. The anæsthesia may last up to thirty-six hours. The drug may be used hypodermically. The following formulæ are used by the writer:

Local application in the pharynx, to the tonsils, etc.:

1. R Phenate of cocaine, . . gm. 1  
(grs. xv).  
Absolute alcohol, . . gms. 10  
(3i jss).

2. R Phenate of cocaine, . . gm. 1  
(grs. xv).  
Alcoholized sulphuric eth., gms. 10  
(3i jss).

Hypodermatic injections and instillation into the ear:

R Phenate of cocaine, . . cgms. 10  
(grs. jss).  
Alcohol, . . . . gms. 5  
(3j ¼).  
Distilled water, . . gms. 5  
(3j ¼).

Inject two to three (Pravaz) syringefuls.

As a spray and inhalant in laryngeal and bronchial affections:

R Phenate of cocaine, . . cgms. 10  
(grs. jss).  
Menthol, . . . . cgms. 25  
(3vi).  
Dilute alcohol, . . . gms. 10  
(3i jss).

Use one-fifth of this in a day.

Powders — to be insufflated and snuffed in acute and chronic nasal catarrh:

Powd. boracic acid, . . . gms. 2  
(grs. xxx).

2.  $\frac{R$  Phenate of cocaine, } aa cgms. 20  
Menthol, } (grs. iij).  
Subnitrate of bismuth, . gms. 4  
(3j).
3.  $\frac{R$  Phenate of cocaine, . cgms. 20  
Powd. tormentilla } aa gms. 5  
root, } (3j).  
Powd. ground coffee, } (3j).

As a laryngeal insufflation:

- $\frac{R$  Phenate of cocaine, . cgms. 10  
Antipyrin, . . . gms. 3  
(grs. xlv).

In the treatment of various gastric affections:

- $\frac{R$  Phenate of cocaine, . cgms. 5  
(grs. j $\frac{1}{4}$ ).  
Acetanilid, . . . gm. 1  
(grs. xv).

For ten powders. One or two powders in the morning breakfast.

In acute gastric catarrh, incoercible vomiting of pregnancy, etc.:

- $\frac{R$  Phenate of cocaine, . cgms. 5  
(gr.  $\frac{3}{4}$ ).  
Subnitrate of bismuth, . gms. 2  
(grs. xxx).

For five powders. One powder each morning on an empty stomach, or in gastralgia one hour before the usual time of the crisis.

Cancer of the pylorus:

- $\frac{R$  Phenate of cocaine, . cgms. 7  
(gr. j).  
Powd. condurango, . gm. 1  
(grs. xv).

Ten small powders. One powder each morning on an empty stomach.

#### DERMATOL IN CHILDREN'S DISEASES.

Dr. Eugen Dörnerberger (*Therapeutische Monatshefte*, No. 2, 1892; *Wiener med. Presse*, No. 13, 1892) has employed dermatol in children's diseases. He used the odorless yellow powder in full strength, 10 per cent. dermatol-vaseline on lint and a 10 per cent. dermatol gauze. The best results were obtained in eczema, as the weeping and crust-covered eczematous spots, after one or more day's treatment with a dressing of dermatol and vaseline, were found surprisingly dry. The crusts were easily removed where they had not already separated. Not only small eczematous

old eczemas healed rapidly under its influence. The drug had no effect upon the development and extension of papulous eczema. Amongst other skin diseases, two cases of universal furunculosis were cured, after incision of the furuncles; a case of pemphigus and one of herpes zoster were cured under dermatol. The drug was found efficient in abscesses and recent wounds. It is especially to be recommended in burns, where it is applied on lint as a salve. In two cases of burns of the second degree the writer found the troublesome serous discharge to be reduced to a minimum, while the burn rapidly healed over. In seven cases of otitis media, where the drug was used instead of boric acid, the purulent secretion decreased in quantity, to cease on the fourth to the sixth day.

#### MILK DIET AND INTESTINAL ANTISEPSIS IN LIVER DISEASES.

Prof. Surmont, of Lille, France (*La Semaine médicale*, No. 13, 1892), finds, from numerous researches, that the urotoxic coefficient is much raised in alcoholic cirrhosis, tuberculosis, cancer of the liver, certain forms of chronic jaundice, and in the majority of hepatic affections. Milk diet and intestinal antiseptics greatly reduce this. Benzonaphthol, three grammes (forty-five grains) a day. This treatment acts upon the general system and organism at the same time, diminishing the development of intestinal poisons, preventing systemic poisoning, and enabling the liver to resist the toxic substances of intestinal origin. At the same time the functions of the kidneys are assured, which are the safeguard of the organism.

#### OXYGEN PER RECTUM AND HYPODERMATICALLY.

Dr. Valenzuela (*Gazzetta medica di Roma*, No. 19, 1891), in pneumonia, intense bronchitis, cerebral congestion, etc., uses oxygen as a cardiac tonic, by the rectum. Inject every four hours. It may also be given hypodermatically;

four hours. It is useful in all cases where oxygenation is insufficient. Inhalation of the gas in pneumonia, etc., does not give good results, as it does not reach the pulmonary capillaries.

#### A SUBCUTANEOUS INJECTION FOR GONORRHOEAL RHEUMATISM.

Dr. L. Arnaud (*La Semaine médicale*, No. 13, 1892) praises the following:

℞ Corrosive sublimate, . cgms. 40  
(grs. vi).  
Chloride of sodium, . gm. 1  
(grs. xv).  
Boiled distilled water, gms. 100  
(℥ijss).

Inject one gramme per diem into the thigh, until the symptoms decrease in severity.

#### PHENACETINE IN INSOMNIA.

Dr. Porcher (*Gazzetta medica di Roma*, No. 19, 1891) considers phenacetine the best substitute for morphine. It is given in an evening dose of thirty to fifty centigrammes (five to eight grains); such dose may be often repeated without harm. Sleep rapidly follows. It is absolutely innocuous, and may be prescribed to children.

#### ANÆMIA.

Dr. Boisson (*Cronica medico-chirurgica de la Habana*, No. 1, 1892) treats anæmia by subcutaneous injections of the salicylate of iron, and Dr. Maggani by means of the subcutaneous use of the citro-ammoniacal pyrophosphate of iron, injecting three grammes (forty-five drops) of a 5 per cent. solution daily.

#### TREATMENT OF CHLOROFORM COLLAPSE.

Prof. Koenig, of Göttingen, Ger-

many, has reported that he has repeated one hundred and twenty times a minute. This compression discharges the blood from the dilated and over-filled right ventricle, and causes an artificial carotid pulse to begin. The pupils, always dilated in such a case, contract, and then, after a certain time, spontaneous respiratory movements begin. Then one may suspend this treatment as long as the pupils remain contracted.

#### LOCAL SOCIETY NOTICES.

##### CINCINNATI MEDICAL SOCIETY.—

Tuesday evening, May 3, Dr. B. P. GOODE will report "Twenty-eight Additional Cases of Intubation."

Dr. S. C. AYRES will report a case of "Brain Tumor."

#### PUBLISHER'S NOTICES.

We desire to call the attention of our readers to the new advertisement of Reed & Carnrick on advertising page xiii.

This firm have spared neither labor nor expense to perfect their Infant Foods in keeping qualities by sterilization and by placing them in hermetically sealed containers. They claim that Lacto-Preparata, an all-Milk Food, for young infants, and Carnrick's Food, composed of half Lacto-Preparata and half dextrinized wheat, for use after six months of age, have now practically reached perfection in keeping qualities, and that they are the only Infant Foods in the market that will alone thoroughly nourish a child during the nursing period. Their Lacto-Preparata almost perfectly resembles human milk in character, composition and taste.

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## Editorial.

### THE PUNISHMENT OF CONFIRMED CRIMINALS.

Mankind is divided in their opinions in regard to the infliction of the death-penalty as an expiation for crime. Many persons are strenuously opposed to the taking of a man's life as the penalty for crime committed, and in support of their position show that instead of a hanging preventing subsequent murders it actually seems to predispose to more. As a matter of fact, the execution of a criminal does not seem to have the effect aimed at, *i.e.*, the prevention of subsequent crime. The idea of the law on this point is that a man is not hung in a spirit of revenge, but that the example may be a terror to evil-doers.

As there is a reasonable suspicion that capital punishment is a failure, so far as accomplishing its primary object is concerned, men are now looking around for a substitute which will be more effectual, and at the same time so alter the mental nature of the criminal

that he may be emancipated from his unlawful tendencies and be retained as a useful member of society.

Life imprisonment has some advantages over hanging, but is open to the serious objection that the individual is seldom reformed; besides, this mode of punishment entails a heavy, continuous expense upon the community.

In the LANCET-CLINIC for March 31, 1888, Dr. Orpheus Everts published a carefully prepared and exhaustive paper under the title "Asexualization as a Penalty for Crime and Reformation of Criminals." Dr. W. A. Hammond, in the *Medical Examiner* for March, 1892, contributes an article on "A New Substitute for Capital Punishment and Means for Preventing the Propagation of Criminals."

As these two articles are in the same line and are evidently the result of much careful study, we shall take the liberty of making liberal extracts from them, and give the conclusions at which they arrive.

Dr. Everts bases his paper upon the proposition:

"Surgical asexualization of all criminals convicted of offenses that, circumstantially considered, indicate constitutional depravities that are recognized as transmissible by heredity, is not only practicable, but expedient, for the protection of society against the ever-impending danger of invasion by the 'savages of civilization,' known as the vicious, criminal, or defective class,—and would, properly enforced by law, eventuate in an effectual diminution of crime and reformation of criminals."

The promising features of this mode of punishment are expressed thus:

"For purposes of intimidation it presents features second only in degree of repulsiveness and terrifying power to the death-penalty itself.

"For the purpose of reformation it presents features more promising than



recognized by science, that all feelings, desires, purposes, and consequently all conduct, is definitely related to antecedent conditions of living mechanisms, and may be permanently modified by permanent modifications of such mechanisms or organs.

"But the most important of all the features of this proposition to asexualize all constitutionally depraved convicts is that which promises to surely, however slowly, diminish the number of the defective classes of society by limiting, to the extent of its application, the reproductive capability of such classes. For this purpose it has no practicable competitor."

These, in brief, are the arguments presented by Dr. Everts. Dr. Hammond gives the following reasons in favor of adopting this as a proper punishment:

"1. The probable deterrent effect of castration as compared with that of capital punishment.

"2. Castration would have the effect of making the criminal a useful member of society.

"3. Castration is a powerful factor, probably the most powerful agent at our command, in so altering the mental organization of the wrong-doer as to remove him from the category of the criminal class, and certainly to prevent acts of violence in contravention of the law.

"4. As a means for preventing the propagation of criminals, castration is as effectual as death itself, while it has many advantages over this agency."

From the two articles quoted we may readily perceive that this subject is receiving serious attention from men who have had exceptional opportunities in the study of the laws of heredity, and whose opinion, once expressed, must lead us to a careful and thoughtful consideration of their statements. Both of these authors have had large experi-

ly, and it is evident from their writings that they are firmly convinced that criminal tendency is an hereditary taint. Unfortunately for the strength of their argument, it is nowhere shown that criminality is always inherited, nor can they prove that *all* of the offspring of criminal parents are themselves criminals. In other words, we doubt whether the laws of heredity are sufficiently well understood to enable us, as physicians, to say that we might not rob the world of many famous men and women were we to institute a wholesale castration (male and female) upon the members of the criminal classes.

Another weak point in their argument is that castration could not be considered as a remedial measure until after the individuals had become *confirmed* criminals; by the time they can be so classed the harm is done, they already have offspring, and unless it could be arranged to have these castrated early in life one object of the measure would be defeated—the prevention of the propagation of the criminal class.

Further than these, we have the very great objection that this method of punishment could only be regarded as an experiment, because we are not absolutely certain that the desired results as to demeanor, character, etc., would necessarily occur as a result of castration. We are told (Remondino on "Circumcision," pp. 89–90):

"Eunuchs have not always been the fat and sleek attendants on Oriental harems, as tradition and custom places them or would have us believe; neither does the loss of virility, in a procreative sense, seem to have always robbed them of their virility in other senses, as we find eunuchs holding the highest offices

Ptolemys, and another, Narcus, under Justinian, led the armies of their sovereigns."

Without prolonging this discussion, we believe that we have shown that the only certain result obtainable from castration would be the destruction of the power of procreation (the supposition being that both males and females were deprived of the organs of reproduction), but as the infliction of this penalty would only be possible after individuals had become confirmed criminals, we are very dubious as to any practical results following the method; therefore we are of the opinion that the recommendations of castration as a penalty for crimes in general are not based upon good and sufficient grounds.

We believe that there is a law in Arkansas which punishes the crime of rape by castration. This is applying the rule of the Mikado "to make the punishment fit the crime," and has much to recommend it.

In conclusion, we believe that capital punishment is a relic of barbarism, and should be dispensed with if possible; but we do not believe that the medical profession is in a position to vouch for the potency of castration as a substitute.

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DR. WM. L. MUSSEY sails for Europe in a few days. He expects to spend his time in Vienna, where he will endeavor to assimilate a full and complete knowledge of dermatology and surgery.

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DR. C. S. BONIFIELD also leaves in a few days for the "other side." Berlin and gynecology are the attractions which tempt him to leave us for a time.

THE medical profession of Ohio seems to be awakening from its long sleep, and is beginning to realize the fact that it must bestir itself if it ever hopes to receive anything like a proper recognition from the law-making bodies of the State. To show that the agitation is not alone confined to Cincinnati, we publish the following editorial from the *Columbus Medical Journal*:

The Medical Bill which was introduced by Doctor Sterritt into the House, and afterwards modified by the medical societies of Cincinnati, met with most disastrous defeat when brought to vote, as was anticipated by those of us who have been more or less connected with medical legislation during the last ten or fifteen years. The campaign was somewhat different this year from those of preceding years, as a number of influential papers throughout the State favored the bill, notably the *Cincinnati Enquirer*, the *Cleveland Leader*, and the *Cincinnati Times-Star*. A number of papers opposed it, with their usual mendacity, notably the *Ohio State Journal*, *Cincinnati Commercial-Gazette*, *Columbus Evening Dispatch*, and *Toledo Blade*. It is quite generally understood that the newspaper publishers of Ohio have formed a combination, whose object is to defeat, if possible, legislation tending directly or indirectly, immediately or remotely, to limit, in any degree whatever, their advertising patronage, and although there is nothing in the bill this year related at all to the matter of advertising, the probability is the papers still thought they saw a cloud no larger than a man's hand in the bill, and hence fought it. Those of us who have tried to present to the people the other side, through the columns of these papers, know that any communication in favor of these bills is immediately rejected, even if compensation is offered for the insertion of the same at full advertising rates. Any ignoramus or quack may insert any article that he pleases, no matter how full of falsehoods, with perfect freedom,

the people. Of course all this is unfortunate for the profession, but the newspapers are slowly but surely, by just such methods, losing their influence with the people, and the time is surely coming when their opposition will no longer be of any avail.

The members of the Legislature who were most obnoxious and insulting in their fight against the bill are: Price, of Hocking county; Doty, of Cleveland; James, of Wood county; Ely, of Fulton county, and Baird, of Ashland. It is to be hoped that the physicians living in the districts represented by these men will see to it that they are retired to private life at the first opportunity. Legitimate opposition is not to be objected to, but the insulting attitude of these men places them beyond the pale of any courtesy.

We are glad to see that Brother Baldwin is taking up the cudgels, because we know he is a good fighter and an earnest champion of medical rights.

THE attention of all surgeons of the National Guard is directed to the Association of Military Surgeons of the National Guard of the United States, which held its second meeting at St. Louis, last week.

This Association was organized last September, at Chicago, and now has enrolled as members nearly two hundred surgeons of the militia of various states, and has the hearty support and encouragement of the Surgeon-General of the Army.

It expects to accomplish great improvements in the medical departments of the guard in all states, creating uniformity and increasing efficiency. Among other things it favors a National Military Medical School for Army and Guard Surgeons and the formation of

the state should connect himself with this organization, and the Ohio State Association should be in existence at the earliest possible date.

THE following table, prepared by Registrar Cosgrave for the Annual Report of the Health Department, for 1891, contains many very interesting items for physicians:

Wards	Population according to Census of '90.	No Deaths.	Rate per M.
1.....	8,441	146	17.30
2.....	12,447	246	19.68
3.....	8,619	207	24.01
4.....	13,938	267	19.15
5.....	7,947	143	17.99
6.....	7,661	144	18.79
7.....	9,138	209	22.87
8.....	4,921	115	23.36
9.....	7,409	122	16.46
10.....	10,949	204	18.63
11.....	12,806	235	18.35
12.....	12,116	229	18.90
13.....	11,438	228	19.93
14.....	9,828	222	22.58
15.....	9,350	207	22.13
16.....	9,930	216	21.75
17.....	10,165	175	17.21
18.....	8,138	176	21.62
19.....	8,202	172	20.97
20.....	9,347	296	22.03
21.....	10,267	225	21.91
22.....	12,462	224	17.97
23.....	15,090	299	19.81
24.....	10,901	193	17.70
25.....	9,974	166	16.64
26.....	10,678	140	13.11
27.....	8,627	120	13.90
28.....	9,472	132	13.93
29.....	7,279	154	21.15
30.....	9,368	168	17.93
Public Institutions.		925	
Unknown.....		21	
		296,908	6,635

The figures show that the rate in the Third Ward (around Deer Creek) is the highest, while the Eighth follows closely. The Twenty-sixth Ward (Walnut Hills) shows the smallest mortality.

THE latest discovery(?) announced by the *Evening Post* is a cure(?) for Bright's disease. The discoverer appears

The *Evening Post* is the same paper that has been making the malicious and vile attacks upon the "Training School for Nurses." As a quack medicine journal the *Post* is a success; but as an exponent of honest medicine it is a melancholy failure. At present it may be looked upon as the official organ of the quacks. We are sometimes inclined to believe it is pretty much of a "quack" itself.

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LAST week we published the programme of the Ohio State Medical Society in full, and from it we can all see that, from a scientific standpoint, the meeting is an assured success. We want to direct attention to the fact that ladies will be admitted to the evening session of May 4, and each member of the Society can, and is expected, to bring ladies with him to the reception at the Burnet House, on the evening of May 5.

We want the largest possible attendance at this meeting, and are prepared to offer a good and profitable time to each and every one present. Let each one who can, come, and help make the meeting a grand success.

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THE following named distinguished gentlemen have been delegated to represent the British Gynæcological Society at the International Congress of Gynæcology and Obstetrics, next September: Robert Barnes, Granville Bantock, A. S. Simpson, Lawson Tait.

Great preparations are being made to entertain physicians. His Majesty, King Leopold, will assist at the opening of the Congress. There will be a grand reception by the Belgian Gynæcological Society; gala performance at the Grand Opera, also a banquet by the

Family, etc.

For all information relating to the Congress, address, Dr. F. Henrotin, American Secretary, No. 353 LaSalle Avenue, Chicago, Ill.

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UNDER the head of "Surgical Dexterity" an exchange prints the information that a certain surgeon performed a laparotomy, removing both ovaries, and completed the operation in six minutes. We fail to see just where the cause for commendation comes in, because we are of the opinion that the rapidity of the operation is not particularly in the interest of the patient. Rapid work is very desirable, but "working against time" is seldom to be commended.

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DRS. JULIUS EICHBERG, Henry Kattenhorn and J. E. Landy, who have just completed their term of service as internes at the Cincinnati Hospital, have gone abroad for further study and research. Dr. S. E. Ellis has been selected as an assistant-surgeon at the Soldier's Home. Dr. A. F. Bauer is senior resident-physician. Dr. Geo. B. Twitchell will locate in Cincinnati.

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THE Transactions of the American Otological Society, for the twenty-fourth annual meeting, held in September, 1891, have been received.

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DRS. LINCOLN MUSSEY and Minor Morris have sailed for Europe, and expect to make Munich their headquarters.

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THE second annual meeting of the American Electro-Therapeutic Association will be held in New York, October 4, 5 and 6, 1892, at the New

W. J. MORTON, M.D., *President*.  
H. R. BIGELOW, M.D., *Secretary*.

#### WHAT IS TRENDELENBERG'S POSITION IN GYNECOLOGY?

Krug (*Annals Gynecology et Pæd.*, December, 1891): "The Trendelenberg's position is the elevation of the patient's pelvis, so that the symphysis pubis forms the highest point, while the body is at an angle from the horizontal of from forty-five to sixty degrees. The advantage of this position in abdominal surgery is that the contents of the abdominal cavity are drawn toward the diaphragm, and the true pelvis thus becomes free and of easy access. Protrusion of the intestines during laparotomy—a most trying and unpleasant occurrence when the patient is in horizontal position—is impossible in Trendelenberg's posture. The pelvic viscera are easily visible, as in an anatomical demonstration; all operations on the same can be conducted under control of the eye; the operator can see everything he is doing; the ureters can be seen and easily avoided; any bleeding point is at once recognized, and easily tied, even in the depth of the pelvis."—*Brooklyn Med. Jour.*

#### GONORRHOEAL CYSTITIS.

Du Mesnil (*Virchow's Archiv.*) denies that there is such a thing as specific gonorrhœal cystitis. When gonococci are found in the urine, they have, in all probability, entered with urethral pus, and are not new products developed from true specific inflammation of the vesical mucous membrane itself. In women pus from the urethra or vagina might easily get into the bladder in this manner. Du Mesnil maintains, on the strength of fresh researches, that gonococci can not alter the composition of the urine, and that cystitis with ammoniacal urine is not produced by these germs. Indeed, the urine renders the gonococci harmless or kills them entirely.—*St. Louis Med. and Surg. Jour.*

#### FROM CURRENT MEDICAL LITERATURE.

#### TO OPERATE ON THE OVARY WITHOUT DESTROYING THE PROCREATIVE FUNCTIONS.

It is gratifying to find that the best gynecological surgeons are now looking about them for methods of operation which may free the ovary from cystic and other disease-growths without depriving the patient of the hope of offspring or reducing her to the very humiliating position of a castrated woman.

A description of a case operated on recently by Dr. T. Gaillard Thomas (*Med. Record*, December 19, 1891), deserves insertion here as an illustration of what may be accomplished in this line:

A nullipara, married three years but never pregnant, came to consult me about October 1 of the present year on account of sterility, painful and irregular menstruation, pelvic neuralgia extending down the thighs, depression of spirits, persistent leucorrhœa, and impaired nutrition, which demonstrated itself by emaciation, or rather by the absence of all tendency to adipose deposits.

Upon opening the abdomen, the left ovary was found to be unattached by adhesions. It was as large as a small hen's egg, had a number of little peripheral cysts over its surface, and upon palpation presented unmistakable evidences of containing fluid of dense character. This ovary, with its corresponding Fallopian tube, was removed in the ordinary way. The superficial cysts were, apparently, due to dropsies of the Nabothian follicles. The centre of the ovary was occupied by a mass of black, grumous blood, about as solid as that which usually makes up the bloody material of a pelvic hæmatocele. This was the result either of an ovarian apoplexy, or of a small bloody cyst; I am decidedly of the opinion that it had the former origin.

The right ovary with a thick-walled cyst, which existed between itself and its ligament below and the Fallopian tube above, was firmly fixed by adhesions in the pelvis, and had to be enucleated, or "shelled out" from attachments with the finger.

The tumor depicted was one developed in the right broad ligament, and was firmly attached to the Fallopian tube above, and the surface of the ovary below.

*Operation.*—The patient was extremely desirous of becoming a mother, and I was very averse to following the usual practice of ligating the parts below the ovary and removing this organ together with the cyst and Fallopian tube. Instead, therefore, of doing this, I split the broad ligament with a bistoury guided by a grooved director, and at the expenditure of considerable time shelled out the cyst entirely and without evacuating its contents. Then I applied a half dozen ligatures of Chinese silk to the bleeding vessels, and with fine catgut closed the opening in the broad ligament carefully and completely.

Two cysts as large as cherry stones were found in the ovary. These were opened and their cavities lightly cauterized with Pacquelin's thermo-cautery brought to a white heat. Then the Fallopian tube which, in consequence of these manipulations, had been broken completely away from the ovary, was attached to that organ by a strong catgut suture, the parts were returned to their normal places, and the abdominal wound was closed by silk-worm gut.

The patient, as soon as ether narcosis had passed off, was made happy and hopeful by the announcement that the prospects of maternity had not been destroyed by the operation, but on the contrary, had been much increased. Upon receiving this intelligence she said, very promptly and decidedly: "Thank you for telling me this at once; now I shall surely get well, for I desire very much to live and am determined to recover. Had you confirmed my fears as to the result of the operation upon the prospects of

having children, I should have been indifferent as to the end."

The steps of the operation, simple as they were, were very tedious, and over an hour was expended in their performance. Mrs. P—— made a rapid and easy recovery, and at the next regular menstrual epoch menstruated normally and painlessly, as I very confidently expected that she would do.

Although this case presents no features of great interest or moment, I report it as a contribution to the daily growing subject—the conservative surgery of the ovary. Certain I am that ten, or even five, years ago in my hands the ovary, which in this case has been saved, would have been destroyed; one more sterile female would have been added to the number daily created by the gynecologist; and one more sorrowing and disappointed woman made to swell the already long list of those who bemoan a childless existence.—*Maryland Med. Jour.*

#### THERAPEUTICS OF GOLD.

The best recent writers agree with the old authorities that gold will cure old cases of syphilis where repeated courses of mercury and potass. iodid. have failed. For instance, it is the best remedy in recurring ulcerations of the throat, syphilitic ozæna, diseases of bones, and syphilitic phthisis. At present gold is principally used for various neuroses, impotence, etc. Niemeyer used it much in hysteria, and Nöggerath says it quickly cures chronic ovaritis, if uncomplicated. Gold salts, if pushed, produce salvation, which, however, can always be distinguished from that due to mercury by not affecting the teeth, cheeks, or gums. They seem to produce a more active cerebral circulation. At all events, the effect of gold salts on the brain is remarkable. The intellect becomes much more active, great cheerfulness, or even mental excitement, like mild alcoholic intoxication, results. Gold salts are said to be aphrodisiac. Gold is eliminated by the liver, intestine, and kidneys. The urine becomes golden in hue—a peculiar bright yellow.

Prolonged use gives rise to "auric fever," marked by profuse sweats, great increase of urine and saliva. The chloride of gold and sodium ( $\text{AuCl}_3$ ,  $4\text{NaCl}$ ) is the favorite salt at present, dose from  $\frac{1}{30}$  to  $\frac{1}{12}$  of a grain, usually in a pill, but it is soluble 1 in 2 of water. Nervous dyspepsia is greatly relieved by  $\frac{1}{20}$  grain *ter in die*. Epigastric pain, red, glazed tongue, and diarrhoea after meals are the indications for the drug. Catarrh of duodenum and bile ducts, and the resulting jaundice, are usually removed by the same dose. Amenorrhoea from torpor of ovaries and chronic metritis, with scanty menses, are often removed by gold, when all the usual drugs have failed. The sterility due to such causes, or due to coldness, is often cured by gold when everything has failed (Bartholow). It stops the tendency to habitual abortion better than anything else, probably by its active antisymphilitic powers. Bartholow particularly recommends a fair trial of gold, in small doses, for chronic Bright's disease, the glandular or fibroid kidney, and the so-called "depurative disease." He has seen wonderful improvement.

As to nervous disorders, melancholia, hypochondria, and all such states attended with nervous depression, find their best drug-treatment in gold. The vertigo of old people from atheromatous vessels, and the vertigo of all ages due to indigestion, are much benefited; but where cerebral hyperemia or any increase in intracranial blood pressure exists, gold does harm. I have never heard of gold being recommended for insomnia, but as this is often due to cerebral anæmia, no doubt it would benefit such cases.—Dr. John Strahan, Belfast, in *British Medical Journal*.

#### THE TREATMENT OF URÆMIC COMA AND CONVULSIONS.

Dr. John Ferguson, Demonstrator of Anatomy in Toronto Medical College, has a paper in a recent issue of the *Therapeutic Gazette*, concluding with the following summary:

1. In cases of albuminuria of mod-

erate amount, give the saturated solution of magnesium sulphate.

2. If the case be more acute and urgent, put the patient in bed, with the head elevated.

3. If there be severe headache, any muscular twitchings, or tendency to coma, give at once a dose of calomel, croton oil, and nitrate of potassium, and then maintain the action of the bowels by means of the salts.

4. Induce free perspiration by extra clothing, warm packs, hot drinks, and salicylates.

5. Allow no animal food but milk, and give liquids very freely.

6. If there be any convulsions, at once give a hypodermic injection of morphine, and follow it by the pilocarpine, if in the meantime sufficiently free diaphoresis has not been obtained.

7. In pregnancy, if labor has not set in, and it is thought necessary to induce it prematurely, by all means push the above treatment vigorously, and try to obtain some considerable improvement in the patient's condition, especially in the kidneys, before the labor is induced. In some cases, by the above treatment, the kidneys speedily regain their proper functions, and it becomes unnecessary to interfere forcibly with the course of gestation. Should such a recourse be ultimately unavoidable, the patient is in a better condition to stand the additional strain.

8. In all cases of albuminuria, and especially in those of pregnancy, there is a deficient action of the skin, as well as a marked reduction often in the quantity of urine passed per diem. To get the skin to act freely almost invariably increases the flow of urine. To remove the hard, tense pulse, cause free perspiration, dissolve out of the system the excess of uric acid in it, due to the small urine flow, I would strongly advise the use of salicylate of potassium or sodium. A good deal has been said about these drugs irritating the kidneys. This, I think, is sometimes akin to the fear that too many have towards a quieting dose of opium in the sleeplessness often found in cases of albuminuria. The salicylates, I contend, neutralize the uric acidæmia, soften the

pulse, permit, if they do not cause, free sweating, and carry from the blood a factor of great disturbance—uric acid. It is not necessary to continue their use long; a few days at most will suffice when the case may usually be safely left to the Epsom salts. With reference to opium, I have noticed the very hard, tense pulse of uræmia become soft and full in half an hour after the administration of the morphine hypodermically.

9. In five cases of uræmic convulsions, where I have had an opportunity of examining the urine, there was an excess of uric acid in the urine, and consequently an excess in the blood. The importance of this is very great, as uric acid in the blood in excess tends to cause convulsions. — *College and Clinical Record.*

#### THE TREATMENT OF ENDO-METRITIS.

At a recent meeting of the Philadelphia County Medical Society a paper was read in which the author advocated the use of intra-uterine injections for the cure of chronic endometritis. In the discussion that followed, Dr. Charles P. Noble made some remarks that seem to us most judicious.

A mere discharge from the uterus, he said, did not indicate endometritis. We are indebted to Dr. Emmet and others for disproving the idea that every uterine discharge indicated endometritis. This might come from various constitutional derangements, such as a feeble heart, general debility, phthisis, constipation, or a sluggish portal circulation, and if these were remedied the discharge would disappear. This class of cases must be eliminated strictly when discussing endometritis. Some even went so far as to deny that there was such a disease as endometritis. The speaker had not studied the endometrium microscopically, but clinically he believed that there was such a thing as endometritis.

Another important point in the study of endometritis from the therapeutic standpoint was whether the disease was or was not complicated.

Treatment that was beneficial in uncomplicated endometritis might be and was dangerous where complications existed. Endometritis was often the forerunner of salpingitis, which was the forerunner of peritonitis. Patients with chronic peritonitis generally had endometritis. It was apparent that the treatment of such cases should be essentially different from the treatment of uncomplicated endometritis. Where the endometritis was uncomplicated, treatment directed to the uterus was moderately safe, although even here one might produce complications from intra-uterine applications, and especially from intra-uterine injections. The experience of our predecessors had proved this, and had shown that most cases of endometritis could be cured without treating the endometrium directly. When the cervix was dilated widely, as after curetting, the danger of intra-uterine injections was probably slight; but without such dilatation they were distinctly dangerous—how much so any old book on gynecology would prove.—*N. Y. Med. Journal.*

#### ENTERITIS AND BRONCHO-PNEUMONIA IN CHILDREN.

At a meeting of the Société Médicale des Hôpitaux (*Rev. des Mal. de l'Enf.*, March, 1892), Sevestre referred to a paper read by him five years ago in which he advanced reasons for believing (1) that in children between one and two years old, and probably also at other ages improper feeding might lead to decomposition of the contents of the intestines, and result in foetid diarrhoea and infective enteritis; (2) that as a secondary consequence a general infection might occur, and in particular pulmonary congestion and broncho-pneumonia; and (3) that, therefore, intestinal disinfection was the best method of checking the diarrhoea, and preventing the pulmonary complications.

Lesage has recently made for Sevestre a bacteriological examination in five cases in which pulmonary lesions occurred as complications of enteritis. In four of the cases there were patches of broncho-pneumonia surrounded by con-



only. In all the cases the bacillus coli was found; from patches of broncho-pneumonia it was obtained in pure culture, and was therefore assumed to be the only microbe in those areas. In animals this bacillus can produce suppuration, and in one of the cases the broncho-pneumonic area had suppurated. Lesage added that in wards containing children suffering from infective enteritis the virulent bacillus coli could be found in the air; if milk (even sterilized milk) were exposed for even a short time to the air, it became infected with the bacillus. In this way children might be given pure cultivations of the bacillus, and so be infected. In wards without children suffering from enteritis the bacillus might be found, but it was not virulent.

Lesage urged that children suffering from infectious diarrhoea ought to be isolated; and Sevestre observed that children in hospital ought to be placed in small wards containing few beds, in order to render the chances of infection less numerous.—*British Med. Journ.*

#### THE INDUCTION OF PREMATURE LABOR BY GLYCERINE INJECTIONS.

Pelzer (*Centralbl. f. Gynäk.*, No. 2, 1892) gave a very satisfactory account of his experience of this method. He employs chemically pure, sterilized glycerine. A hundred cubic centimetres are thrown up between the membranes and the uterine wall. Full precautions are taken, not only against sepsis, but also against the entrance of air into the uterine cavity. In a short time regular pains set in. The membranes present well, and labor is usually easy.

In two cases where labor was induced on account of contracted pelvis, the pains set in, in the first case within half an hour, in the second after an hour. In in a third case, the patient was at the end of the thirty-second week of pregnancy. For fourteen days she had been flooding; there was placenta prævia lateralis and a temperature of 104°. Glycerine was injected,

bleeding occurred two and a-half hours later. Turning was performed, and a dead child was delivered. The mother recovered.

Glycerine injections are, in Pelzer's experience, valuable not only for the induction of premature labor, but also for accelerating delivery at term. In uterine atony it proves very efficacious.—*British Med. Journ.*

#### LAVAGE IN CHRONIC GASTRIC DISEASE.

Dr. D. H. Attfield (*Practitioner*) states that the results of gastric lavage are eminently satisfactory. Vomiting is entirely checked as a rule after at most two or three repetitions. By use of the tube as soon as early symptoms appear, the patient is saved hours of debility, nausea and pain, the precursors of acute vomiting. Decrease of pain resultant on vomiting occurs as a consequence, either of the removal of the reflex contraction of the stomach on slimy fermenting contents or as a result of removal of gastric irritation by washing out irritants. Appetite is invariably increased. The tendency to dilatation is checked and removed, thus breaking up a vicious circle of debility producing gastric irritation and resultant gastric irritation increasing debility.—*Medical Standard.*

#### A CASE OF MENINGITIS FOLLOWING MIDDLE EAR DISEASE.

Dr. Springle, in *Montreal Medical Journal*, January 19, reports the following case:

The patient, a female of thirty-five years, gave a history of suppurating disease of the right ear for some years past. More or less acute pains on that side of the head were supposed to be of a neuralgic nature. These were always relieved when a discharge took place from the ear. One day in June last the patient began to suffer from pain over the right side of the head, which subsided towards evening, and the patient enjoyed a good night's rest. At three o'clock in the afternoon of the

following day she was seized with violent pain in the above situation; this was followed by violent general convulsions, and when the patient was first seen the case presented the characteristics of a most violent case of acute meningitis. The condition lasted for twelve hours from the time of onset, and the patient died.

At the autopsy, the dura was found to be adherent intimately to the calvarium. A condition of acute meningitis obtained. A perforation measuring 10 mm. in its horizontal diameter and 15 mm. in its vertical diameter, and its cavity occupied by a slough, was found in the posterior surface of the petrous bone, 15 mm. from the internal auditory meatus and encroaching on the groove for the lateral sinus. The dura was lifted up from the bone here but no thrombosis of the sinus existed. A probe passed from the perforation through to the external auditory meatus. A further examination of the body was not permitted by circumstances. This is to be regretted, as a soft blowing systolic murmur was to be heard during life over the mitral and aortic areas of the heart.

#### RETURN OF SENSIBILITY AFTER FOURTEEN YEARS' LOSS.

Dr. Walton relates an interesting case in the autumn number of the *Journal of Nervous and Mental Diseases*. The patient was a man of twenty-nine, who had had anæsthesia of the left hand, more especially in the index finger, where it had persisted for fourteen years as the result of an injury to the finger. The scar of the old injury to this finger was a linear one extending diagonally across the palmar side of the index finger, and it was very sensitive to deep, and less so to superficial, pressure. The patient was neurotic, run down with hard and incessant work, and had formerly suffered from extensive anæsthesia of the left arm, and from patches of anæsthesia in other parts. He was first treated with galvanism and ordinary tonic remedies, but as there was no improvement, after a few weeks an operation was resolved

upon. An incision an inch in length was made over the digital branch to the left index finger, and on this nerve a small neuroma was found and, together with half an inch of the nerve, removed. The improvement in the case was slow at first, but more rapid afterwards, and a year after the operation recovery was complete, the sensibility being restored where it had been lost, and the once painful part now quite painless. The patient's general condition had also improved, and from being thin and neurasthenic he had come to look stout and well. The restoration of the function of a sensory nerve which had been in abeyance for fourteen years is very interesting, and should be encouraging with regard to the operative treatment of peripheral nerves, even in cases apparently hopeless.—*Med. and Surg. Reporter*.

#### THE FAVORABLE TIME FOR IM- PREGNATION, AND THE VITALITY OF THE SPERMATOZOA.

Prof. Bosse (*Archiv. Obstet. Gyn.*) has made some interesting studies on these points, about which considerable differences of opinion have prevailed among authorities. His methods, which should be studied in the original, were apparently conducted with the most scrupulous care, and the results he arrived at were as follows:

1. Of eight cases where the semen was deposited in the vagina before the menstruation and examined for afterwards, in four no spermatozoa were found; in three they were found alive; in one dead.

2. Of twelve cases where the semen was deposited after the menstrual period, in four no spermatozoa were found; in eight they were found living at from three to seventeen days subsequently.

These investigations justify the author in concluding that the favorable time for impregnation is immediately after the catamenia, that the spermatozoa may retain their vitality for at least seventeen days in the vagina, and even through a menstrual period,

dation may have taken place a number of days after the last cohabitation.

While there is great liability to error in investigating so delicate a subject as this, yet these observations seem to have been very carefully made, and are a valuable contribution to the subject.—*N. Y. Med. Times.*

#### PROPHYLAXIS AGAINST NEPHRITIS SCARLATINOSA.

Dr. Ziegler (*Berl. kl. Wochenschrift*, January 11, 1892, p. 25) refers to the value of milk diet in the treatment of nephritis, especially in its acute form, and that in children it is very easy to carry out this line of treatment. Hensch, Senator, and Baginsky are each quoted in support of this statement. Dr. Ziegler gives the results of his experience and observation for a period of six years as physician to the Military Orphan Asylum at Potsdam, during nine epidemics of scarlet fever. In uncomplicated cases, his reliance was entirely upon a milk diet and rest in bed, in order to avoid catching cold. The favorable results led him to use it as a prophylactic against the development of nephritis during and after scarlet fever. Milk acts as a gentle diuretic and is at the same time a nutritious diet, which can be said of no other means at our command.

His mode of treatment is as follows: At the beginning of the attack, when there is high fever and loss of appetite, the milk is diluted with seltzer or soda-water. This, with water gruel, comprises the only treatment in uncomplicated cases. After a few days, when the desire for food returns, zwieback or rolls are given with the milk. The amount of the milk is only limited to the appetite of the patient—sometimes one and a half to two liters being taken in twenty-four hours. This diet is continued till the end of the third week, when other nourishment is gradually added. No statistics from his private practice are given, for the reason that he felt that they would not be reliable, as the patients could not be under abso-

lute control. In the nine epidemics there were 218 cases of scarlet fever; 115 cases occurred before the introduction of the "milk-diet treatment." More than half of these had kidney complications during or following the acute disease. And it is farther recorded that many of these cases were of an extremely light form. In the second category there were many cases of great severity, some of which died in three or four days, but there was no development of renal complication during the stay of the patients in the hospital.

In private practice he found it difficult to confine patients to an exclusive milk diet, as they soon grew tired of it. In such instances he allowed farinaceous food with the milk.—*Brooklyn Med. Journal.*

#### A CASE OF CHOLEDOCHOTOMY.

Prof. E. Küster reports a case of gall obstruction and jaundice in a woman forty-eight years old. She had suffered for two years and had been already icteric for months. Küster, from the symptoms, diagnosed presence of stone in the common duct. The operation showed this diagnosis to be true. He found the gall bladder shrunken, the common duct very much dilated and containing several stones. The common duct was incised and several calculi removed. The wound was closed by a double row of sutures and tamponed with iodoform gauze. With the exception of considerable secondary hemorrhage the recovery was complete. This is not the first case. Another case is reported by Kümmel; yet another by Courvoisier, in all five cases, so that we have six cases with one death and five recoveries. The application of this operation is entirely circumscribed. The cholecystenterotomy of Winiwarter will not be entirely replaced by this operation. Rehn, of Frankfort-on-Main, had, in a similar case to that reported by Küster, extirpated the gall bladder, after which he found several biliary calculi in the common duct,

which he removed by incision. Sutures-recovery. Braun, of Königsberg, reported a case in which he, after separating the adhesions and fixing the shrunken gall bladder against the duodenum, discovered a large-sized biliary calculus in the common duct, which by means of incision was removed. The wound was closed by four sutures, tamponed with iodoform gauze, and an uncomplicated recovery ensued. After seven days bile appeared in the intestinal canal.—*Med. and Surg. Reporter.*

#### THE SALIVA AND PATHOGENIC MICRO-ORGANISMS.

Sanarelli (*Centralbl. f. Bakt. u. Paras.*, January 9, 1892) says that, considering the frequent presence of pathogenic micro-organisms in the mouth, it is remarkable that primary lesions appear so rarely there, and that wounds heal so kindly. The first condition has been attributed to the chemical properties of the saliva, to the resistance and regenerative power of the tissues of the mouth, and to the conflict between pathogenic bacteria and saphrophytes. The author investigated the properties of the saliva in respect to the growth of the micro-organisms most often found in the mouth. The saliva is shown to possess bacteria-killing properties not unlimited in degree, but dependent upon certain conditions, and chiefly on the number of micro-organisms introduced into it. Thus the staphylococcus aureus, the streptococcus pyogenes, the micrococcus tetragenus, and the typhoid and cholera bacillus perished if in small quantities. The diphtheria bacillus and the pneumococcus behaved differently, but the former at length ceased to thrive and the latter lost its virulence. It is not yet clear to what substance the saliva owes its bacteria-killing properties.

The author sums up that the saliva is an unfavorable cultivation medium for certain pathogenic micro-organisms, destroying them (when not too abundant) more or less rapidly, and that it so alters the type in others (for example, pneumococcus) as to render them powerless.—*British Med. Jour.*

### Miscellany.

#### HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending April 22, 1892:

WARD.	Measles.		Scarlet Fever.		Whooping Cough.		Diphtheria.		Croup.		Typhoid Fever.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....					1		1					
2.....	1						1					1
3.....							1	2				
4.....	1						3	1				
5.....												
6.....			1									
7.....												
8.....	2		2									
9.....	3											
10.....	3				1		2		1	1		
11.....			1				4	1				
12.....	3		1				2		1			
13.....												
14.....			1		1							
15.....												1
16.....					1							
17.....	1				2							
18.....	6		1									
19.....	5		3				4					
20.....			1				1	1		1		
21.....												
22.....	1						3					
23.....	6		1		2		1					
24.....	1		1									
25.....												
26.....			1									
27.....			2		1							
28.....					1		1					
29.....												
30.....					7							
Public Institutions.....								1				
Totals.....	33		15		15		23	7	2	2		2
Last week.....	17		11		15		21	3		3		1

Mortality Report for the week ending April 22, 1892:

Croup.....	2
Diarrhoea.....	1
Diphtheria.....	7
Erysipelas.....	2
Influenza.....	2
Other Zymotic Diseases.....	9-23
Cancer.....	1
Phthisis Pulmonalis.....	15
Other Constitutional Diseases.....	3-19

Apoplexy.....	2
Bronchitis.....	6
Convulsions.....	4
Gastritis.....	2
Heart Disease.....	3
Meningitis.....	4
Nephritis.....	3
Peritonitis.....	1
Pneumonia.....	5
Other Local Diseases.....	18-48
Deaths from Developmental Diseases.....	12
Deaths from Violence.....	6
Deaths from all causes.....	108
Annual rate per 1,000.....	18.72
Deaths under 1 year.....	23
Deaths between 1 and 5 years.....	18-41
Deaths during preceding week.....	122
Deaths for corresponding week of 1891.....	143
Deaths for corresponding week of 1890.....	131
Deaths for corresponding week of 1889.....	128

J. W. PRENDERGAST, M.D.,  
Health Officer.

## OHIO HEALTH BULLETIN.

Infectious Diseases reported to the Ohio State Board of Health in 41 cities and towns during the week ending April 22, 1892.

<i>Diphtheria:</i>		Cases.	Deaths.	<i>Typhoid Fever:</i>		Cases.	Deaths.
Belle Centre.....	4	2		Cincinnati.....	3	2	
Bloomville.....	1			Cleveland.....	3	1	
Cincinnati.....	23	7		Columbus.....	1	1	
Cleveland.....	6	5		Dalton.....	1		
Columbus.....	6	5		Hang Rock.....	2		
Mansfield.....	1	1		Lima.....	1		
Middletown.....	2	1		Lorain.....	2		
Springfield.....	3			Toledo.....	2	2	
Wellington.....	1			Wadsworth.....	1		
Wellstown.....	1			Youngstown.....	1		
<i>Scarlet Fever:</i>		Cases.	Deaths.	<i>Whooping-Cough:</i>		Cases.	Deaths.
Bellefontaine.....	1			Cincinnati.....	15	2	
Cincinnati.....	15	1		Cleveland.....	1	1	
Cleveland.....	13	2		Columbus.....	1	1	
Columbus.....	4			New Lexington.....	2		
Dalton.....	2			Ravenna.....	4		
Gallipolis.....	1			<i>Measles:</i>		Cases.	Deaths.
Harard.....	2			Bond Hill.....	1		
ronton.....	1			Cincinnati.....	33		
Lorain.....	2			Cleveland.....	23		
Mansfield.....	1			Columbus.....	2	2	
Middletown.....	1			Lima.....	13		
Nberlin.....	1			Lockland.....	2		
Xigua.....	1			Ravenna.....	1		
Springfield.....	1			Springfield.....	4	1	
Toledo.....	3			Warren.....	2		
Upper Sandusky.....	1			Youngstown.....	10		
Wellston.....	3						
Youngstown.....	1						

No infectious diseases reported to health officers in 11 towns.

C. O. PROBST, M.D., Secretary.

## BACTERIOLOGICAL EXAMINATION OF WATER.

The chief interest attached to the bacteriological examination of water, writes Prof. P. A. Franklin in *Nature*, lies in its application to the hygiene of water-supply, inasmuch as it is all but certain that two at least of the most fatal zymotic diseases—cholera and typhoid—can be, and are, constantly propagated through the presence of specific micro-organisms in water, and indeed the majority of the bacteriologists are agreed as to the particular forms responsible for these diseases. On this account it is conceived by many that the primary object of the bacteriological examination should be the search for such pathogenic microbes. It is obvious that if the typhoid organism could be detected with unerring certainty in any water in which it was present, a search for this bacillus in the ordinary course of water examination would still have only a very subsidiary interest. Waters are surely not only to be condemned for drinking-purposes when they contain the germs of zymotic disease at the time of analysis, but in all cases when they are subject to contaminations which may at any time contain such germs. Sewage-contaminated waters must on this account be invariably proscribed, quite irrespectively of whether the sewage is, at the time that the water is submitted to examination, derived from healthy or diseased persons. In the present state of our knowledge there can be no doubt that chemical analysis affords us in general a better, although a far from perfect, indication of sewage contamination than do the results of bacteriological examination. The real value of these bacteriological investigations, if judiciously applied, consists in their power of furnishing us with information as to the probable fate of dangerous organisms, should they gain access to drinking-water. It is by their means that we have learnt that many such organisms can preserve their vitality—nay, in some cases can actually undergo multiplication—in ordinary drinking-water; that they are destroyed by maintaining

less perfectly removed by some process of filtration and precipitation, whilst other processes of the same nature are worthless, or even worse.—*Med. and Surg. Reporter.*

#### A BAD BILL.

"A bad bill" is what the Toledo *Blade* has seen fit to call the bill introduced into the House by Dr. Sterrett, the representative in the Ohio Legislature from Miami county, because it appears to that paper to be "a blow at advertising physicians."

The bill provides that every physician shall present his diploma to the State Board of Health, and if found genuine, he will be granted a license to practice, and that all non-graduates shall be examined by the board before receiving such license. It also provides that advertising physicians shall pay a license of \$100 per month, and that the mayor of any town shall collect from \$20 to \$100 a day from itinerant physicians for every day he practices in that municipality. Power to revoke a certificate for unprofessional conduct is provided for. It is the last two clauses referred to that seem to arouse the ire of the *Blade*, for it sees in them a possible cause for a diminished income from advertisements in the future. It seems it is not a question of right or wrong, or one of the greatest good to the greatest number, but solely a selfish one. It is simply that the income of the *Blade* shall not suffer, although many of its readers may be robbed, or suffer physical injury at the hands of these arrant pretenders who have placed their lying advertisements in the *Blade*.

It is possible that the editor of the *Blade* is sincere, and that he places greater confidence in the advertising physician than in the self-sacrificing local physician whom he has known for many years, and who, perhaps, has attended him through all the many ailments of his childhood. He perhaps uses "Shiloh's Consumption Cure" for his coughs and cold, and "Simmons'

he has been "saved from death" by Kalkhoff, and that he now takes Beecham's Pills "to promote good health." If this is the case, the *Blade* is justifiable in its opposition to the measure that all physicians, regardless of school, believe to be a benefit to the suffering public.

The profession is certainly in earnest in this matter, and physicians generally feel that the time has come when forbearance ceases to become a virtue, and when an expression of satisfaction with the present state of affairs must be considered either as evidence of imbecility or of total depravity. Physicians will enter the political arena and oppose those responsible for the defeat of this most salutary measure if the present legislature fails to give a favorable response to their request.—*Northwestern Med. Journal.*

#### MEDICAL COLLEGES OF THE UNITED STATES.

The following table has been prepared from the Report of the Commissioners of Education for the year 1888-89:

	Number of schools.	Professors and instructors.	Students.	Number of graduates at commencement of 1889.	Amount of State or municipal aid received within a year.	Benefactions.
Regular. . . . .	92	1,907	12,338	3,206	\$24,820	\$27,139
Eclectic. . . . .	9	116	660	186		5,200
Homœopathic. . . . .	14	249	1,159	312	25,000	16,000
Physio-medical. . . . .	1	11	15	5		200
Post-Graduate . . . . .	7	261	909	25		19,600

—*Medical Age.*

CARBOLIC acid is removed from the hands by bathing them for a sufficient time in alcohol and then anointing them with lanolin. After the use of corrosive sublimate solution the hands should be bathed in a solution of common salt, 1 to 50, then washed with soap and water, and finally rubbed with

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THE CINCINNATI

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{ WHOLE VOLUME  
LXVII.

## CONTENTS.

### ORIGINAL ARTICLES.

HYPERTROPHIC CIRRHOSIS OF THE LIVER AND VISCERAL  
Fibrosis. With Table of Autopsies. By Wm. Carson,  
M.D., Cincinnati. 607

A CASE OF HYPERTROPHIC CIRRHOSIS OF THE LIVER.  
By H. W. Rover, M.D., Cincinnati. 616

FUNCTION AND PATHOLOGY OF THE ADENOID TISSUE.  
By A. W. Johnstone, M.D., Cincinnati. 618

### SOCIETY REPORTS.

THE ASSOCIATION OF MILITARY SURGEONS OF THE NA-  
TIONAL GUARD OF THE UNITED STATES.  
Meetings of April 20 and 21, 1892.

Field Hospital Appliances of the U. S. Army. 622

CINCINNATI MEDICAL SOCIETY.

Meetings of March 15 and 22, 1892.  
Discussion on Hypertrophic Cirrhosis of the Liver. 626

### ACADEMY OF MEDICINE.

Meeting of April 4, 1892.

Report of a Case of Supra-pubic Cystotomy. By  
Joseph Ransohoff, M.D.

### EDITORIAL.

EDITORIAL NOTES: Dr. Amick's Cure for Consumption.  
— Good Roads and Highways. — A Virginia Court  
Decision. 634

Indiana State Medical Society. 635

### MISCELLANY.

Report of the Health Department of Cincinnati. 636

Health Bulletin Ohio State Board of Health. 637

Treatment of Night-Sweats. 622

Curious Wounds. 626

An Operation to Raise Sunken Noses. 635

Contents continued on Advg. p. 4.

See Advertisement BATTLE & CO. last cover page.

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—J. MILNER FOTHERGILL, M.D.

Dr. J. N. LOVE, St. Louis, says:—Since the product has been brought under my notice I have prescribed it in the sick room to one hundred recorded cases. Patients who have suffered from loss of flesh, dependent upon various forms of Dyspepsia, when they partook of the Ale and Beef, "Peptonized," felt much benefited. I have now under my observation three patients, the victims of the dread disease pulmonary consumption, in which the digestive tract is demoralized, and in which it seems impossible to bring to bear any form of nutrition which is not disgusting to the patient. In all these cases the drink is a Godsend. A number suffering from prostration, following serious attacks of the recent epidemic of La Grippe, accompanied by loss of appetite and a general feeling of worthlessness, were braced up and greatly benefited immediately after commencing the use of the Ale and Beef, "Peptonized." In half a dozen cases of typhoid fever, in which everything else was distasteful to the patient, the Ale and Beef, "Peptonized," pleased the palate, and nourished and strengthened the patient admirably.

I feel personally under obligations to those who have presented so valuable a product to the medical profession, and many a tired and faded patient will be revived and strengthened by the life-giving drink, Ale and Beef, "Peptonized," which is a happy union, in that it contains mildly stimulating (alcohol in small quantity), gently tonic (a modicum of the active principle of hops), decidedly nutrient (malt and beef) and positive digestive (diastase and peptonoids) properties—a union which is in harmony with well-known physiological principles, and will in my judgment be indorsed by careful bedside clinicians.

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DEAR SIR:—Answering yours of the 8th inst., will say that I have used the Ale and Beef, "Peptonized," in both hospital and private practice, and am much pleased with it. My house surgeons (Drs. F. E. Smiley and Geo. F. Hamel) inform me that it agrees with the stomach in cases where food can not be retained, and this agrees with my own experience. I had one case of a delicate lady with a forming pelvic abscess which involved the ovary. There was constant vomiting and retching. She retained the Ale and Beef, "Peptonized." This, after I had tried a number of things which had failed. She drank it steadily for a month, and it seemed to be, in her case, food, medicine and stimulant, all in one. It is an excellent thing. Keep up the good quality of the preparation and it will readily sell.

Very respectfully, WILLIS P. KING, M.D.,  
Asst. Chief Surgeon, Mo. P. Ry.



THE  
CINCINNATI LANCET-CLINIC:

A WEEKLY JOURNAL OF  
MEDICINE AND SURGERY.

*New Series Vol. XXVIII.*

CINCINNATI, May 7, 1892.

*Whole Volume LXVII.*

**Original Articles.**

**HYPERTROPHIC CIRRHOSIS OF  
THE LIVER AND VISCERAL FIBROSIS.**

REPORT OF A CASE, WITH AUTOPSY.

A Paper read before the Cincinnati Medical Society, March 15, 1892,

BY

WM. CARSON, M.D.,  
CINCINNATI.

Not many cases of the above disease have been reported, with autopsies. It is not yet clearly settled as to what the clinical features are that are characteristic of what is ordinarily called hypertrophic cirrhosis of the liver. We report this case as a contribution to the subject, though it is deficient in important parts:

Joe Gorinsky, æt. thirty-six, laborer, German, married; well developed and nourished. Admitted September 14, 1891. Died February 2, 1892, of hypertrophic cirrhosis.

This patient was in the hospital first in September, 1889. His symptoms were those of lead encephalopathy. That toxic influence appears to be the only important one in his history. There is no history of alcoholism. It is worth extracting from his previous history the following sentence as bearing on the question of duration of jaundice: "A peculiar yellowish, sallow, dirty color of skin." Pains in the abdomen were noted at the same time.

*Pathological history*, aside from lead poisoning, negative.

*Present history*: Patient has been in the house on three former occasions, suffering from lead poisoning—he was at that time working in some lead

works. His present trouble began very suddenly about one month ago, marked by a severe pain, as he claims, in the stomach. This pain has more or less continued ever since, accompanied by some slight swelling of the abdomen; no gastric disturbance.

*Present condition*: Sleeps poorly. Pain over upper portion of abdomen. Some slight cough; no expectoration. Pulse 75, temperature normal. Bowels regular, stools clay-colored. Appetite good. Urine normal.

*Examination*: Some emaciation and jaundice; conjunctiva not pigmented; abdomen seems more discolored than balance of body.

Head: Negative.

Heart: Negative.

Lungs: Some harsh breathing over right lung, otherwise negative.

Abdomen: Seat of enlargement due to increase in size of liver; right lobe of same extends nearly to the crest of the ilium, and in the epigastric region about two inches beyond the median line. Border of liver can be felt, and seems to be hard; posterior portion of liver could not be made out.

Limbs: Somewhat swollen and contain dark spots of discoloration from extravasation.

September 15. Ordered sol. phosp., dr. ii, one dose.

September 16, p.m. No improvement.

September 17, p.m. Pulse 78, temperature 99.2°; some cough; some pain over seat of liver; bowels not moved.

September 18, a.m. Pulse 80, temperature 100°; slept some; perspires a great deal; slight pain in abdomen. Ordered co. liq. powd., dr. ii.

September 19, a.m. Slept some; had clay-colored stool; still same pain over region of liver; temperature 99°.

September 20, a.m. Same pain over liver; constipated. Ordered calomel et sod. bicarb., aa grs. v.

September 21, a.m. Had two stools; feels better; condition about same.

September 22, a.m. Complains of pain (ache) in bones; weak; constipated. Ordered phosph. sod., oz. ss—dr. x.

September 23, a.m. No stool. Ordered calomel and bicarb. sod., grs. v.

September 24, a.m. General functions normal; some pain over abdomen.

September 25, a.m. Had chill, followed by high fever; temperature 104.6°. Ordered whiskey, oz. ss; phenacetin, grs. x.

September 26, a.m., Feeling some better; cannot not lie on right side.

September 27, a.m. Condition about the same; sleeps well; appetite good; bowels regular, clay color; passes water freely.

September 28, a.m. Complains of pain over stomach; constipated. P.M., marked swelling of feet and some discoloration of skin of lower extremities; circumscribed spots of discoloration.

September 29, a.m. Had chill; temperature 103.2°; swelling of limbs less.

September 30, p.m. Feels better; general functions normal; stools still clay color.

October 1, a.m. Condition about the same.

October 2, a.m. Had two clay-colored stools; feels better. Was given bichl. merc. and bicarb. sod. P.M., no stool; condition same.

October 4, a.m. Both limbs swollen, and seat of ecchymosis.

October 5, a.m. Sleeps well; bowels regular, stools still clay colored; limbs not so swollen.

October 6, a.m. Constipated. Ordered calomel, grs. v; bicarb. sod., grs. v.

October 8, a.m. Abdomen seems more swollen; stools still clay-colored.

October 10, a.m. Constipated. Gave five grains calibar bean.

October 11, a.m. Had stool; feels same; temperature 102.4°.

October 13, a.m. No special change; temperature 99.6°; fluctuation can be obtained over abdomen; slept fairly well.

October 14, a.m. Slept well; no stool this morning; condition about the same; temperature 97.6°; aspirated twice, found no pus.

October 15, a.m. Had stool; sleeps well; expectorates good. P.M., no change.

October 16, p.m. No change; no stool.

October 17, p.m. No particular change; had stool.

October 18, p.m. Some pain in epigastric region on pressure.

October 19, a.m. Slept poorly; bowels moved twice.

October 20. No marked change.

October 21, a.m. About the same.

October 22, p.m. Bowels regular; no change.

October 23, a.m. Some pain in epigastric region; had stool, white, fifteen in number.

October 24, a.m. Five stools, still white; appetite fair; sleeps well; liver dullness much decreased. P.M., one stool this afternoon.

October 25, a.m. Bowels moved twice this morning.

October 26, a.m. Bowels moved twice this morning; no marked change in condition.

October 27, a.m. Gave olive oil, fl. oz. iv; patient could not retain same; temperature 100°; slept well; bowels open.

October 28, a.m. Bowels moved; sleeps same; appetite good; no marked change. P.M., as patient cannot take whole quantities of olive oil, ordered one ounce every two hours.

October 29, a.m. Retained the ounce of oil; had four stools; no marked change; coughed during night.

October 30, a.m. No sweating; some fever; bowels regular, stools white; sleeps same; appetite less.

October 31, a.m. Abdomen getting larger; some sweating. P.M., limbs swelling some.

November 1, a.m. White stools continue; ascites increasing; temperature ranges about same; turpentine stupes for abdominal pain; liver somewhat smaller.

November 2, a.m. Condition same.

November 3, a.m. Slept well; has

November 4, a.m. Had chill; three white, soft stools; slept fair; no marked change.

November 5, a.m. Pulse 95, temperature 100°; has headache; had one stool, clay-color; abdomen swelling, pain absent; sleeps some; coughs at night; appetite good. P.M., had one stool; temperature 98.4°.

November 6, a.m. Slept poorly; bowels moved, white stool; some sweating; had chill this morning; temperature 103°.

November 7, a.m. Coughs some; condition not much changed; temperature 99.6°. Ordered phosp. sod., dr. ss. P.M., temperature 100°.

November 8, a.m. Bowels moved after sod. phosp. P.M., temperature 101.2°.

November 9, a.m. Coughs considerably; temperature 99°. P.M., ascites increasing; pulse 96, temperature 103.4°.

November 10. Temperature 101°; condition unchanged.

November 12. Pulse 84, temperature 99.2°; no change. P.M., temperature 101°.

November 13, a.m. Pulse 84, temperature 102°; ascites slowly increasing; 106 ounces of fluid removed by tapping. Liver in mamillary line 6½ inches, axillary line 4½ inches; extends three inches below tip of zyphoid.

November 14. Slept better than he has been sleeping previously.

November 15, a.m. Complaints of some tenderness over liver; temperature 101°.

November 16, p.m. Scrotum and penis œdematous.

November 17, p.m. Scrotum and penis greatly distended.

November 18, p.m. Œdema has disappeared from scrotum.

November 20, p.m. Pulse 96, temperature 104.4°; had a chill this evening; some headache now.

December 2, a.m. Pulse 84; temperature 99°.

December 4, p.m. Flatness on both sides of the chest posteriorly; hypodermic finds bloody fluid, which quickly coagulates; small amount withdrawn from right side with aspirator.

December 8. On examination of serum from the chest find no microorganisms.

December 12, a.m. Constipated as usual. Ordered phosp. sod., oz. i.

December 17, p.m. One hundred and six ounces of a bile-stained fluid withdrawn.

December 18, p.m. Slept well.

December 27. Unchanged.

December 29, a.m. Pulse 96, temperature 101°; slept quite well; bowels moved.

December 30, a.m. Pulse 96, temperature 100°; has constant pain in hepatic region. Ordered morph. sulph., gr. ¼ t.i.d.

December 31, a.m. Pulse 84, temperature 99°. Ordered flax-seed poultice over liver.

January 1, 1892, a.m. Pulse 72, temperature 98°; slept well; has very little pain now; bowels regular; fluid in abdomen continues to accumulate.

January 2, a.m. Pulse 78, temperature 98°; slept well; bowels move every day. P.M., pulse 102, temperature 100.4°.

January 3, a.m. Pulse 78, temperature 98°.

January 4, a.m. Pulse 78, temperature 97°; bowels move four or five times every day.

January 5, a.m. Slept well; bowels moved three times during night; has no pain; pulse 84, temperature 98.4°.

January 6, a.m. Pulse 96, temperature 97°; slept well; numbness in lower extremities.

January 7, a.m. Pulse 84, temperature 97.6°.

January 11. Temperature 98°; unchanged.

January 13. Pulse 72, temperature 97.4°.

January 14. Pulse 78, temperature 96.2° P.M., pulse 84, temperature 96.7°.

January 19. Very considerable albumen found to-day.

January 20. Pulse 72, temperature 97°; feet considerably swollen. Ordered infus. digitalis, oz. ss, t.i.d.

January 22. Voids fifty fluid ounces of urine in twenty-four hours.

January 25. No material change; temperature 96.2°.

January 27. Temperature 97°.

January 30. Temperature normal; liver extends below the ribs in the mammary line 2½ inches.

January 31. Pulse 48, temperature 96°; very weak; bowels moved five times last night. Ordered spts. frumenti and infus. digitalis, aa oz. ss, every three hours; discontinued previous medication.

February 1. Pulse 44, intermittent; temperature 95.6°; gradually sinking.

February 2. Temperature subnormal, pulse almost imperceptible. Died at 7 p.m.

*Post-mortem*, fifteen hours after death. Body that of a well-developed, poorly-nourished adult male, apparently almost forty years of age.

Lungs: Left—adhesions of pleura of rather recent standing; the lung œdematous and somewhat stained with bile. Right—lower lobe carnified. Peri-bronchial glands in both enlarged and a few caseated.

Heart: Partially discolored clot in right ventricle. Slight hypertrophy.

Spleen: Enlarged to almost three times its normal size; increased in consistency; yellowish deposit in capsule. Evidently peri-splenitis.

Kidneys: Left—increased in size and consistency; slightly adherent; bile-stained; fatty changes on section; obliteration of structure by connective tissue. Right—same as left.

Liver: Much enlarged; weight, 8 lbs. 6 oz.; tough, almost cartilaginous; much increased consistency; margins roughened; capsule adherent to sur-

rounding parts; connective tissue hypertrophied.

Brain: Not examined.

The following is Dr. J. C. Oliver's report of the microscopic examination of the liver:

"The specimen of liver submitted for examination showed a very great increase in the connective tissue, with more or less extensive destruction of the proper hepatic structure. Some lobes only showed a few isolated cells, instead of the normal arrangement."

There seems to be no settled opinion as to the precise anatomical conditions which should characterize hypertrophic cirrhosis of the liver. In 1859 Drs. Charcot and Luis claimed a distinction between ordinary atrophic and hypertrophic sclerosis in that in the latter the new growth penetrated the lobules, and is, therefore, intra-lobular, while in the former it surrounds the lobules and is peri-lobular. Charcot, whose views on this subject have been more systemically developed than any one else's, gives, as late as 1870-2, his confirmation of this statement. An important part of his belief is that these interstitial changes begin in the biliary ducts of the smaller size, and hence by their obstruction the early and almost constant symptom of jaundice. In an article published in 1876 (*Archiv de Physiologie*, p. 453) he gives, besides the hypertrophic and atrophic cirrhosis, a third form, in which the peri-lobular and intra-lobular connective-tissue is at once affected, and not after a considerable duration of the disease. This he calls a mono-cellular form. There is, however, a difference of opinion as to the origin of hypertrophic cirrhosis, as claimed by Charcot, both as to its origin in obstruction of the biliary ducts and the consequent interstitial inflammation, and as to the necessity that this interstitial inflammation must be both inter-lobular and intra-lobular. Autopsies are reported where a hypertrophic cirrhosis was found, or at least hypertrophy of the liver with increased amount of connective-tissue, without evidence of extension of such growth to the interior of the lobules, and also without evidence

which Charcot considers an essential feature of the morbid anatomy. His claim is that his position is proven by experiment on animals, where the ductus choledochus has been ligated (p. 402). "An angiocholitis is developed, an irritative process is transmitted afterwards from the walls of the biliary vessels to the connective-tissue which surrounds them, and a peri-angiocholitis results. . . . The sclerosis is not arrested at the periphery of the lobules, but penetrates into their anterior" (p. 468). Charcot then announces as the anatomical distinction between hypertrophic and common cirrhosis as being in the former (1) a permanent state of enlargement, and (2) the existence of certain lesions of the biliary canaliculi, and an extension of the hypertrophied connective tissue within the lobules, as well as around them. We call attention to the fact Dr. Oliver's histological examination discloses simple hypertrophy of the connective-tissue around the lobules inter-lobular and not intra-lobular.

The most constant association with the hepatic lesions is great enlargement of the spleen; less often we have parenchymatous nephritis or the fibroid form. The heart is not often enlarged or diseased. Peritonitis is rather frequently felt over the abdomen. Perihepatitis is generally found, and is the source of the pain over the upper part of the abdomen. When we come to the clinical feature of this form of cirrhosis we have Charcot's dictum, as follows (p. 205 "On the Liver," French edition): "It is distinguished (1) by the habitual presence, constant, perhaps, of icterus, which is rare in common cirrhosis; (2) by the absence of ascites, which at a very early hour accompanies the atrophied form; (3) by the long duration of the hypertrophic form."

The symptoms as observed in our case

which may raise the question as to whether this did not bring about the ascites, as there was not peritonitis enough to account for it. The icterus seems to have been an early symptom also. The fever range was an interesting symptom to those who saw the case, and suggested the explorations with the aspiratory needle, in order to reveal or exclude abscess from the diagnosis. The range was between  $96.2^{\circ}$  F. and  $104.4^{\circ}$  F., a number of times going above  $103^{\circ}$  F. The pleuritis might have had a part in producing fever. The lowest temperature,  $96.2^{\circ}$  F., was observed on the sixteenth day and on the third day before death.

In this connection I call attention to the appearance of albumen in the later stages of the case. It is now generally accepted that some cases of Bright's disease show abnormally low temperatures, in consequence of some toxic element which the defective organ fails to eliminate. Some time ago I announced for reading here an account of a case of typhoid fever with Bright's disease in which their relationship was brought out. The fever was not characteristic, but post-mortem disclosed the lesions of typhoid fever, and also chronic Bright's disease. Bouchard, in his researches upon the toxicity of human urine, had discovered it in what he calls a "hypothermizing element." The probable development of such an element in this case is worth remembering.

The sweating was another condition coinciding with the idea of abscess. So far as obvious lesions were present there was nothing to explain it. Dr. Oliver, who had charge of the case for some time, suggested the possibility of septic material, originating in the ducts, as being a cause. Our diagnosis was announced as hypertrophic cirrhosis as distinct from atrophic. With the result

atrophic cirrhosis, though we had no expectation that it would go as far as that. Some of the biliary forms do also show considerable diminution before death. We feel justified in saying that there is a form of hypertrophic cirrhosis of the liver due to alcoholism, and which does become atrophic. Possibly, lead-poisoning and chronic malarial fever may not produce a similar condition.

It will be noticed in the autopsy of our case that three important organs, the spleen, the kidneys, and the liver were indurated, and of excessive size. No microscopic examination of the kidneys or spleen was made, but the macroscopic appearances were those that might be attributed to increased amount of connective-tissue. They were tough, not impressible to the test of touch, and were heavy. We seem to have a number of organs associated in a common morbid anatomical relation which can be designated as a fibrosis—a visceral fibrosis. There were also hard and tortuous arteries, showing a probable general involvement of the arterial system, though there was absence of a large heart, or of atheromatous changes in it.

In considering the relation between these several allied morbid conditions we have two hypotheses:

1. The mere anatomical one, as to its local origin from the liver, either by a primary lesion of the biliary duct or any other cause acting on the liver locally, and thence its gradual extension through the system.

2. The action of a cause, exerting simultaneously its effect on the organs and arterial system that are affected, as shown during life and then by the post-mortem.

Against the idea of the arterial fibrosis being due to the hepatic change is the fact that few of the post-mortems mention the presence of the enlarged, tortuous, and indurated radial arteries. The usual order of succession in developing arterio-sclerosis from age, alcoholism, and other exciting causes, is not from viscera towards the periphery, but the reverse. In Lobstein's table of frequency of arterial lesions, the aortic

arch stands first, and the splenic artery fourth, and fifth in Rokitsansky's table. We continue:

1. That the arterial fibrosis is an effect of some cause which would be likely to act in a general way on the whole organism.

2. That we think there is such a cause revealed in this man's pathological history; that he was frequently a victim of various forms of lead-poisoning.

This influence is pervading enough to include the organs and arteries involved here. There was a visceral fibrosis, as well as a hypertrophic cirrhosis, but the arterio-sclerosis in the organs, if it existed, would probably be secondary. The ecchymoses on the limbs were probably due to the arterio-fibrosis and some blood alterations.

In the tabular statements of autopsies appended to this article it will be seen that seven out of eleven had enlarged and indurated spleens. It is probable that the structural changes in the spleen have followed increased action on its part, in supplementing the imperfections of the hepatic functions. The protective influence of the liver had been assumed to an unusual degree by the spleen.

Since we have gained so much knowledge of the generation of the toxic elements in the human body, there is much interest in the possible part which they may take in the progress of a case, and their connections with the symptoms. Each organ has its own anatomical structure, chemical composition, and function, which are modified in various ways by the processes of disease. What of toxic influence each may bring is worthy of inquiry. A complete autopsy, under the impetus of recent knowledge, would seem to demand investigation of more than mere structural changes. We are all familiar with the absence or presence of chloride of sodium in a pneumonic lung. How much toxic power might be shown by using a soluble or any other preparation from such a lung by experimenting upon animals, as in the case of the pure alkaloidal substances of the body in general, is not known. We speak of chemical as distinguished from







TABLE OF AUTOPSIES (With Authorities).—Compiled by ARCH. I. CARSON, M.D.

No.	History.	Jaundice.	Ascites.	Liver.				Spleen.		Kidneys.	Heart.
				Weight.	Arrangement of connective tissue.	Biliary canaliculi.	Hepatic cells.	Weight.	Consistence.		
1	Sailor, æt. 33.	Eight years.	Moderate; some œdema.	2200 gms. (77 oz.).	Inter-lobular.	Multiplicated.	Small; granular.	1300 gms. (45 oz.).	.....	.....	.....
2	Walter, æt. 37.	Marked.	Marked.	3180 gms. (112 oz.).	Intra-lobular.	Not altered.	Almost normal.	1050 gms. (37 oz.).	In-creased.	Congested; normal.	very small.
3	Domestic, æt. 43; no venereal history; hard drinker at times.	For many months.	Absent; some œdema.	4000 gms. (120 oz.).	Inter- and intra-lobular; follow portal veins and hepatic arteries.	Distended, otherwise normal.	Well preserved.	500 gms. (19 oz.).	In-creased.	Normal size; amyloid.	.....
4	Æt. 53.	Present.	Marked œdema.	.....	.....	Small canaliculi.	.....	Large.	Softened.	Softened.	.....
5	.....	Early.	Absent.	.....	Inter- and intra-lobular.	Multiplicated.	.....	.....	.....	.....	.....
6	.....	Absent.	Present.	2100 gms. (76 oz.).	Multi-lobular.	Multiplicated.	.....	.....	.....	.....	.....
7	Died; acute tuberculous.	Absent.	Absent.	Enlarged.	Hard.	Multiplicated.	.....	.....	.....	.....	.....
8	.....	Absent.	Absent.	Enlarged.	Hard.	Multiplicated.	.....	.....	.....	.....	.....
9	Æt. 40; no venereal history; moderate drinker; venous stigmata.	Present.	Present.	2100 gms. (74 oz.).	Hard.	.....	.....	300 gms. (12.5 oz.).	.....	Firm.	.....
10	Æt. 4½.	Marked.	Slight œdema.	.....	Intra-lobular.	.....	.....	Double normal.	.....	Normal.	.....
11	Æt. 9.	.....	.....	1200 gms. (41 oz.).	Inter-lobular.	Not multiplicated.	.....	.....	.....	.....	.....

Edema lower extremities, 36.3 per cent.  
New formed tissue, intra-lobular, 36.3 per cent.

per cent.  
two chil-  
ara.  
years.  
eleven; in

6. *Ibid.*, p. 301, 1879.  
7. *Ibid.*, p. 301, 1879.  
8. *Ibid.*, p. 301, 1879.  
9. Clin. Lect. Dis. Liver, Murchison, 1877, p. 145.  
10. Trans. Path. Soc. London, 1890.  
11. *Ibid.*, Vol. XXXVI.

## OBSERVATIONS.

Alcoholic history, 18.9 per cent.  
Jaundice, 63.6 per cent.  
Ascites, 54.5 per cent.

## AUTHORITIES.

1. *Arch. de Phys. Nor. et Path.*, 2d ser., Vol. III, p. 472, 1876. Reported from Petres, *Bul. de la Soc. Anat.*, June, 1875; Th. de Hanot, p. 350.  
2. *Arch. de Phys. Nor. et Path.*, 2d ser., Vol. I, p. 127, 1874.  
3. *Ibid.*, p. 133, 1874.  
4. *Ibid.*, p. 153, 1874.  
5. Trans. Path. Soc. London, Vol. XXX, p. 301, 1879.

mentary glycosuria cannot replace this determination.

6. The prognosis is graver whenever the toxicity of the urine is increased; not critical when transitory, but when permanent.

7. In cases where the toxicity of the urine is increased a milk regimen and intestinal antiseptics ought to be rigorously imposed.

[FOR DISCUSSION SEE P. 626.]

## A CASE OF HYPERTROPHIC CIRRHOISIS OF THE LIVER.

WITH AUTOPSY.

Reported to the Cincinnati Medical Society,  
March 19, 1892,

BY

H. W. ROVER, M.D.,  
CINCINNATI.

While listening to the interesting and detailed report of a case of hypertrophic cirrhosis as presented by Dr. Carson at our last meeting, I was reminded of a case which came to my notice a few weeks ago at the German Protestant Hospital. This case differs in some particulars so markedly from Dr. Carson's case that I take liberty to report the same.

I confess that I was at a loss to distinguish at first the form of cirrhosis present, but, after paracentesis abdominis had been performed, I could readily palpate and percuss an enlarged liver, which, from its etiology and symptomatology, I knew to be a cirrhotic one.

The clinical record in my case is a very brief one, for the man was admitted to the hospital on February 17, 1892, in an almost moribund condition. I saw him the same evening. The dyspnoea from excessive ascites and oedema was so great that I did not choose to disturb him much. I learned, though, that he was a German, forty-two years old, married, and a machinist by occupation. He also admitted the fact that he had drunk considerably in former years. His physique was still that of a well-developed and well-nourished man.

ago he was well, and at that time began to complain of pain and fullness in his stomach.

The part of his body to which my attention was especially called was his very much distended abdomen. I found a puncture-mark about two inches below the umbilicus, and in calling his attention to this he told me with gasping breath that a week ago Dr. Werner had tapped him, and had drawn off about a bucketful of fluid. As above stated, his ascites was very marked, and I am sorry I did not at the time measure the circumference of his abdomen; the abdominal walls, as well as his lower extremities, were very oedematous. Before proceeding further in my examination of him that evening, I obtained a specimen of his urine and examined it. To my surprise, it did not react to tests for albuminuria. The chest examination was very unsatisfactory at that time, owing to the abundance of moist râles which were present, and probably due to oedema of the lungs. His heart's action was very feeble; heart sounds otherwise normal. Temperature normal. Pulse 120. His countenance presented the appearance of a man who had been losing blood, and on subsequent examinations I learned the truth of my suspicion, by the bloody bowel-movements to which my attention was now and then called by the nurse. I ordered for him *inf. digitalis*. The man became very delirious during the night, and it was necessary to give him some anodyne. The next morning, February 18, I happened to meet Dr. Charles Seth Evans, the surgeon on our staff at the hospital, and kindly asked him to see the case. Paracentesis was performed with a medium-sized trocar, and as much as eighteen quarts of fluid was drained from him.

As before said, after the withdrawal of this excessive amount of fluid I could both palpate and percuss the enlargement of the liver. For the next few days the man seemed to be doing fairly well, his treatment being mostly diuretic, palliative and stimulating.

At one time, in addition to his repeated intestinal hemorrhages, he had

him, with apparent good effect. On the 24th of February—that is, six days after the paracentesis—his abdominal walls again became tense, and showed a rapid filling up of the abdominal cavity. I did not choose to tap him again, for his pulse was feeble and his vitality seemed to be rapidly failing him. On the 26th of February, shortly after eating his dinner, and while talking to his wife, he lay his head down on his pillow and was dead.

I am very sorry I could not be present at the post-mortem, but Dr. Sudhoff, the pathologist on the staff, is present here to report both the macro- and microscopical appearances of the diseased liver in question. He reports to me that the liver presented the form of a biliary cirrhosis. If this be a case of true biliary cirrhosis, why should we have such marked ascites and a disease of such short duration, both items being the exception to the rule in true biliary or hypertrophic cirrhosis? Or is it possible that this was but the first stage of an ordinary cirrhotic liver?

I take the liberty to ask this question because the appearances, both macro- and microscopical, as Dr. Sudhoff will point out to us, are not those of cirrhosis of the liver commonly met with.

Appended is the report of the autopsy, made by G. F. Sudhoff, M.D.:

#### AUTOPSY.

It was my good fortune, as pathologist at the German Hospital, to make the autopsy on the man Dr. Rover has just described, and I will read the account as I placed it on the hospital record at the time:

Mr. K., nine hours after death. Color, white. Rigor mortis, feeble. Body that of a man about fifty-five years of age, extremely well-developed and nourished. Height about five feet ten inches. Weight about 120 pounds.

The man had gray hair, long moustache, and short-cropped beard of same color. Skin somewhat jaundiced. No external marks, except a small, punc-

ture, seen tapped at the point of entry.

Abdomen very much distended with fluid and gas. On opening the abdomen the walls were found very thick and fatty. About two gallons of straw-colored fluid escaped, which had floating in it large bands of coagulated lymph.

Lower ribs and tip of sternum flared outward.

Pericardium contained about three ounces of clear, straw-colored fluid.

Heart somewhat enlarged, walls thinned and paler than normal. Valves normal.

Lungs: Pleura free from adhesions. Both lungs slightly œdematous, and the upper lobe of left lung contained a small cavity filled with bloody pus.

Kidneys: Both kidneys increased to about one and one-third normal size. Capsule only slightly adherent. Substance somewhat paler than normal.

Spleen about normal size; very soft. Capsule very opaque, and has four adenoid vegetations on surface.

Liver extended below margin of rib. Weight about five pounds. Surface very irregular, though not distinctly hob-nail. When cut, a gritty feeling is transmitted to the knife. Cut surface very granular, and of a greenish-yellow color.

Gall-bladder contained considerable bile.

Omentum resembled a fleshy mass, about one inch thick by four inches wide, and extended transversely across the epigastric region. Substance could be readily torn apart, and was not adherent to the abdominal organs.

Peritoneum and surface of intestines very rough and opaque, feeling like leather. There were no adhesions, but the dependent parts contained several handfuls of coagulated lymph. Mesentery also thick and leathery. Intestines, aside from the thickened walls, were normal.

Stomach normal.

Brain not examined.

The increased size and firmness of the liver suggested to me a condition of biliary cirrhosis, and I took a piece of

for subsequent examination, and the following condition was found:

Kidneys about normal, perhaps slight cloudy swelling of epithelium lining the tubules.

Spleen normal.

Omentum simply showed bands of organized tissue, with connective-tissue cells.

Liver: Capsule somewhat thickened and connective tissue in portal spaces increased in amount. There was considerable cellular infiltration found, some of which extended between the liver cells, but as yet no connective tissue bands formed. Liver cells compressed and granular. No increase in size and number of bile ducts.

In looking up the literature on cirrhosis of the liver, I find that many authors only consider one form, the atrophic cirrhosis, and speak of the enlargement of the liver occurring in some cases in the early stage before the connective tissue bands have contracted and destroyed the liver cells. With this form there is marked disturbance of the portal circulation, and consequences. Other authors, among them Charcot, Woodhead, etc., describe a distinct and separate disease called "biliary cirrhosis," in which the enlargement is due to an increase in number and size of bile ducts, while the formation of connective tissue is not so marked. This is characterized by jaundice instead of disturbance of the portal circulation. Biliary cirrhosis is, however, so extremely rare that its existence is doubted by many, although such a condition seems to me possible.

The case reported did not reveal to me the condition that I had expected to find, and would seem to be one of those cases of cellular infiltration that would eventually go on to the formation of fibrous bands, and might have been a case of true atrophic cirrhosis had the patient lived long enough.

A YOUNG Mexican woman, who has gone into the faith-cure business, is called a saint by the Mexicans and Indians of Guaymas. All the medical saints thus far have been of the non-professional class.—*Times and Register*.

## FUNCTION AND PATHOLOGY OF THE ADENOID TISSUE.

A Paper read before the Academy of Medicine,  
April 4, 1892,

BY

A. W. JOHNSTONE, M.D.  
CINCINNATI.

The only thing that mars my pleasure in presenting to you the sum of the last twelve to fifteen years of my work on the adenoid structure is the short notice I have had for its preparation. I had hoped to have written up the subject elaborately, and to have added not only the views of other men, in condensed form, but also a number of new illustrations; but the shortness of time allotted to me, as well as the short notice of preparation, will force me to give you only my own views. In the development of the subject I allude to no one, and wherever I may seem to be discourteous, blame your Secretary for the short time he has given me, and not me for an intentional plagiarism. Instead of pen and ink drawings from microscopic specimens, I will have to be content with rough black-board sketches, which I hope will give you an idea of what, to me, has been a very fascinating work.

As you have often heard me say before, in 1888 I made a discovery in the subject of the adenoid tissue, which proved beyond doubt that the cell development in adult life is by gemmation, and not by cell-division, as heretofore believed. I have studied the subject carefully, and have never yet, in a healthy adult structure, found cell-division going on; but in the congested, inflamed and new-growth tissue it is, of course, very common. This mode of development I found was best shown out by a 1:12 to a 1:30 immersion. Under this power one of the small threads of the adenoid tissue, no matter where located, shows the same form of cell development; this consists of the growth of the granules into the full-grown cell, every stage of which is easily found in one and the same specimen. The best drawing of this that I

have seen, in my paper on the menstrual organ (which has now been recopied in Mr. Tait's last book, demonstrated black-board sketches), I found that the white blood-cells are made in this way by the adenoid structures throughout the whole of the digestive and lymphatic tracts. When my paper on the development of the globules (which you will find in Heitzman's book) was written, I thought it applied only to the blood-globules (I mean this in the plural), for in that paper I showed that the spleen is nothing more or less than a large lymphatic gland, whose only function above the ordinary lymphatic gland is to make the red blood-cells. The medulla of bone, being closely allied to this organ in the young people, does a tremendous amount of manufacture of these same oxygen-carrying corpuscles.

For several years the subject rested at this point. Believing that I had found a source from which the organic elements of the blood are made, I went off into the study of "Remak's Law." I was always a heretic of the doctrine that in the first few days or weeks of intra-uterine life there is a complete divorce between two such important structures as the epiblast and the hypoblast, and that this continued throughout life. I knew that this law did not hold good in the vegetable world, and why should it in the animal? The most common illustration we see of this is the ultimate running out of various forms of potato. For every gardener knows that in the course of a few years we cannot depend on the bulbs alone for reproduction, but have to go back to the seed. Sooner or later we have an entirely different style of potato on the market, the old one having passed entirely out of existence. This holds good for all bulbous plants which do not come directly from the seed each year. If this is true of the vegetable world, why should we expect epithelium to go on independently reproducing itself? or why should we expect connective tissue for the same period to retain its vitality independent of the epiblastic layer? For a long

deeply ingrained was the law of cell-division, that in years of study of the reproduction of epithelium, I constantly looked for cell-division as the connecting link between the epiblast and the hypoblast.

After working out the paper on the menstrual organ, I at last got the idea that this cell-gemination, instead of cell-division, might be the clue for which I was looking. With this key the most astounding results were worked out. I found that the feather papillæ and hair papillæ, as well as much of the sustentacular tissue of the liver, the kidneys, and many other epithelial glands, are composed of this same tissue. A deep layer of the rete mucosum of the whole of the epithelial structures is shown under a high power to be based upon a very thin layer of the same material. The first sign of the transition from connective tissue to epithelium is the deposition of glue, in just the same way as we find a deposit of lime salts in the manufacture of bone. In fact, the two processes are very closely allied, the only difference being that in bone we have a deposition of lime-salts, whereas in epithelium we have the manufacture of what is ordinarily known as a basis substance, which is really a modified glue. This is most beautifully illustrated in a growing feather papilla. Under a high power a thin section of what the market men call the "pin feather" is as clear as any diagram can be made. The bottom of the little core no man can differentiate from an ordinary lymphatic gland, but as you go higher up towards the true shaft you will see fine lines separating the corpuscles. These lines are what histologists call "cement substance," which is nothing more or less than glue. The higher up these rods you go, the more near will be the approach of this new tissue to the shape of an epithelial cell. As you get into the well-formed rods you will find the angles which are the true characteristics of a full-grown epithelial cell. To all those who doubt this let me say that I will be glad at any time to work over the subject with them, and prove by specimens (of their

own procuring) that this may be seen by any one who is familiar with the microscope. This, I think, is sufficient histology for a body of men who do not profess to be "microscopic specialists."

The points which I wish to accentuate are those that under Dr. Heitzman's guidance I worked out, an overlooked method of cell production, the only way of producing cells in adult life. In the embryo, cell division is a necessity. There, new organs are to be laid down, new structures are to be worked out, and the slow method of cell gemmation could not be used. But in the adult life, where supply is only necessary to meet the demands of the waste of fully-grown organs, this slower method can be used. If, however, pathological processes have been begun where rapid reconstructive changes are necessary, the infantile method is again brought into play. But in a healthy, strong, adult-tissue, Nature has provided for its ordinary waste by this slower and constant growth.

#### PHYSIOLOGY.

In youth and early adult life, where cartilages are to be changed to bone, and new epithelial structures to be started on their career, the adenoid tissues are much more rich than in the fully-grown adult. The places where this material is placed are fully known to you all. From the pharynx all the way through the digestive tract there are many little nodules of adenoid tissue, which disappear later in life. Like the thymus gland of intra-uterine life, when the animal is fully grown, nothing but a little cicatricial tissue remains to mark the site of its former activity, it having been used up in the general economy for the manufacture of the various organs which spring into life at puberty. Then, if I were to give a definition of adenoid tissue, I would say that it is "stored-up material" to repair the waste of every-day life. The location of this tissue shows beautifully the directing power and fore-knowledge of the Architect who constructed the warm-blooded animals. The location and topography of the ordinary lymphatic glands you all know and fully

understand. These same laws apply to this tissue, no matter where located. In the tonsil, pharynx, and all the rest of the digestive tract depends directly on the absorption of fluids from the alimentary canal for its lymph stream. Here the fully-ripe cells are washed away from their anchorage to the mucous thread, just as they are in the lymphatic gland. In the medulla of bone the process is somewhat similar, but in the spleen the blood is used instead of the lymph. Here is where most of the red blood-cells are made, and their direct necessity to the blood is most promptly met. Do not understand me, though, to say that this is the only place where the red blood-cells are made. But only under the ordinary circumstances the majority of them are manufactured here, for like all other kindred organs the adenoid tissue has a marked compensatory action. For it is known to you all, that with this spleen once removed, these little globules are manufactured in many other places, but the necessities for the chemical action in the liver has determined the places for the greatest manufacture of these oxygen-carrying organs.

So much for the physiology of the manufacture of the blood-cells. Now we distinctly understand that the adenoid tissues in the alimentary tract are placed there solely for their influence on the blood. The greatest discovery though, that I have made, is one I have already fore-shadowed, the local manufacture of the fixed tissue cells. The migration of the white blood-cells worried me for a long time but I am now sure that it is only a property given them for their phagocytic function. For a long time I watched their emigration into epithelium, hoping that in the rete mucosum I would see their grand transition into epithelium, but, this like many other routes that I have followed, proved to be a cul-de-sac. I have never seen any evidence of their transition into epithelium. The local section of this tissue is best illustrated by the manufacture of the placenta. Lining the uterus is a thick, heavy layer of true adenoid tissue, which, just like the tonsil has many mucous crypts

this tissue is rapidly converted into an entirely different structure whose function you all know. If, however, pregnancy should not occur, the over-ripe cells must be gotten rid of just like in the spleen, and that is by a blood stream. This is only an approach to what goes on in a feather, for whenever the molt comes about the old feather is shed, and whether it is a new papilla or an old one I am not able to say, but sure I am, that a great cavity takes place in the papilla and from it is constructed a new feather. So that after all, an analogy may be run between menstruation in the human being and molt in birds. The old feather is to be shed and gotten rid of and it is accomplished in the same way that Nature rids us of the over-ripe placental material. In the skin this same action goes on constantly, but not in the exaggerated way I have already spoken of. Here the corpuscular growth is steady, but the waste is just about equal to it, for the dermal scales are shed just as fast as the rete mucosum can produce them, and the consequence is that no rapid process is necessary, as in the molt and menstruation. In the excretory organs, such as the liver and kidneys, this same law holds good, for, when worn out, the cells simply pass out through the ducts, and are gotten rid of just like all other desquamation. The sustentacular tissue of both these organs has a great deal to do with the reproduction of their epithelium. I have seen this gemmation going on in them just the same way as it does in other epithelial tissue, but, of course, nothing like so rapidly, because the law of supply and demand holds good here just as in all other economy. Cell gemmation in these organs is very slow, and necessity for their reproduction must be equally so, consequently you cannot expect to have great masses of cells as you will find in the pharyngeal tonsil or any other adenoid structure, but only here and there will you see cells in the transition state.

I think I have wearied your patience far enough with what will be consid-

that the well-being of the "living machine" depends largely on the adenoid tissue I have fully accomplished my object. For were its action once arrested, and every thing else absolutely perfect, it would be but a short time before the youngest of us were worn out and prematurely aged.

I have very little to add as to the pathology of this tissue; you are all so familiar with its laws that it would be a useless repetition to here go over them all. How it is that new growths are started in it and are propagated by it is easily understood. Its irritations and weak constitutional conditions have been long and well dwelt upon by the oldest teachers. Every specialty has more or less to do with it, and each one is more familiar with his own special source of irritation than I could possibly be.

There is only one general disease which I wish in any way to speak of, and that is leuco-cythæmia. Like diabetes, I believe this depends more on the nervous system than it does on any part of the corpuscle-making organs. There must be some lack of nerve force of mucous threads that the red blood-cell fails to be so constructed as to carry its proper amount of oxygen, and instead floats out into the blood stream resembling an ordinary leucocyte. The reasons for this I have not time to announce.

There is one other disease, though, with which we are brought largely into contact, on which I think this local manufacture of fixed tissue corpuscle sheds a great deal of light. I refer to cirrhosis. The throat men see this every day, where the corpuscles, by irritation, are not allowed to escape through the vessels, but are banked up between the capsule of the little organ into a mass of thick tissue, which ultimately becomes organized into the simplest form of tissue cell, which is a connective. By this, scar tissue is rapidly produced. Secondary contraction of this scar tissue starts the process which results in cirrhosis of the mucous membrane.

The same condition holds good in my specialty where we have irritation of these kindred structures, which results in the blocking up of the mucous follicles and the formation of retention cysts. Infection soon follows, and a chronic endometritis is the result. But it goes even farther than this.

From the local processes caused in this way, I pass on to the general process of either liver or kidneys. A very slight shift of nutrition caused by an irritation may interfere with the transition of the rounded cell into epithelium. This will inevitably result in hypertrophy of the gland by a formation of a new connective tissue, and here we have the first stages of that most fatal of all diseases, cirrhosis of any of the vital organs. This includes not only the liver and the kidneys, but I believe, if thoroughly worked out (which I have not done), the whole of the nervous system. So that the discovery of the local manufacture of the fixed tissue cell reaches much farther in the every-day work of the practitioner than at first it would seem.

Remax's law is undoubtedly true for the fetus in the first few months of infantile life, but the failure to make allowances for the difference between it and the adult has retarded the progress of science for some time. All honor to the histologists, and due praise must be given to him who isolates each individual bacillus; but I think some of us have been wasting valuable time in working on these little organisms, to the total neglect of general physiology.

In closing, I can only say that in the vast number of investigators I hope some few will be found who will turn their attention more to the studying of our own bodies and less to that of our enemies.

FOR the treatment of *Night Sweats*, Prof. Hare recommends the use of camphoric acid. It is almost a specific. Begin by giving it in doses of ten grains and increase the dose until the effect is obtained. The dose may be increased to one drachm daily. It should be given about one and a half hours before the sweat usually comes on.

## Society Reports.

### THE ASSOCIATION OF MILITARY SURGEONS OF THE NATIONAL GUARD OF THE UNITED STATES.

REPORTED BY

CAPT. F. W. HENDLEY, M.D.,  
Assistant Surgeon, 1st Infantry, O. N. G.

SECOND DAY—CONTINUED.

#### *Field Hospital Appliances of the U. S. Army.*

The exhibition of field hospital appliances and the work of the medical department of the U. S. Army was given in the two large drill-halls of the Pine-Street Armory.

In the upper hall there was set up a complete field hospital, designed to be sufficient for the care of a regiment on the march or in camp, and needing only additional tent-room to care for the same in battle.

There were two hospital tents, each sixteen by fourteen feet, set together end to end; from this extended an open covered way formed by the flies of these tents, and reaching to a round Sibley tent intended as the dispensary. In the rear of the dispensary was a wall tent for surgeons' quarters. On the right of the hospital a Sibley tent for hospital corps men's quarters. On the left a wall tent for kitchen. In the rear of hospital a small tent for sink.

The hospital contained twelve beds, two square tables, about a dozen chairs, and was warmed by two Sibley stoves. The dispensary contained the medical and surgical supplies, arranged in two cases, each about eighteen inches wide and high and twelve deep, made of oak and bound with brass, the whole being encased in a canvass bag and hung on either side of a pack-saddle during the march.

The lids of these cases, when raised, were held in position by brass supports, displaying the more commonly used medicines; while the front, being hinged at the bottom, was lowered to a level position, forming a convenient



Nearly all medicines were in compressed tablet form, and the variety and ample quantities made possible by this was greatly surprising to all who examined them. Positively, everything needed for ordinary or emergency work was in the case, and yet it did not take up more space than the cash register in the ordinary drug-store.

The case of surgical supplies was arranged on a similar plan to the medical, but contained larger quantities of fluids, and therefore less drawers below. Bandages were rolled and then compressed flat. Gauze was divided into convenient-sized pads for use, and the whole lot compressed together into very small space. The main supply of bandages, cotton, plaster-of-paris, etc., was contained in a separate case, from which the dispensary stock was replenished from time to time.

In addition to the two square tables on which the medical supplies were placed, the dispensary contained a table, six feet long, very ingeniously made to fold up into half its length, and yet when extended it was sufficiently strong to bear a weight of over two hundred and fifty pounds perfectly, suitable for operating or any other purpose. All chairs and tables were made to fold flat for convenience in transportation.

The surgical-instrument case for field use is about twice the size of a cartridge-box, and contains every instrument necessary for any work, except only a trephine. The instruments are made with solid metal handles, and careful attention is given to the rules of asepsis. The saws and some of the larger knives are jointed. The box is carried in a leather case, which the surgeon wears suspended at the left hip by a broad leather band over the right shoulder.

There was nothing of special interest to note in the kitchen or men's quarters, except the fact that the usual luxuriance of the National Guard kitchen was not found here. The only stove is the well-known Sibley tent stove—a cone of heavy sheet-iron, without any bottom, having a small door hinged at the side, the top of the stove fitting into an iron

inside of this stove, and when packed up for transportation the six stoves in the hospital are telescoped into each other and occupy very little space. All cooking is done either in these stoves or in kettles over open fires. Gasoline stoves and kitchen ranges may be transported to the summer camp of National Guards, but in actual service they would be left behind. The inspecting officer of the Ohio Guards calls attention to this point in his report for 1891, and recommends strongly that for at least three days in camp the stoves and ranges ought to be abandoned, so that cooks may be properly trained.

In the lower drill-hall was found the ambulance and the travois, or Indian drag, for use in rough country where a wheeled ambulance cannot travel. The improved model of this conveyance is made of oak poles, jointed so as to telescope into half their length, and the stretcher to carry the patient hangs between the poles in a level position, enabling the patient to travel feet foremost, thus obviating the "sea-sickness" which is common on the original form, where the bed is made slanting on the top of the poles and requires carrying head foremost behind the horse. This is said to be really a very easy and comfortable means of transportation. There are two of them with each ambulance, being rolled up into a small space and carried in slings inside the ambulance.

After allowing ample time for inspection of all the apparatus, during which Major Hoff and his men gave full explanations of all their workings, the "assembly" was sounded and the detachment of the hospital corps fell into line and the regular programme was carried out, as follows:

1. Inspection of hospital corps detachment.
2. Bearer drill with field litters.
3. Extemporized litters—blankets, coats, rifles, etc.
4. Lifting, lowering and carrying patients by one, two, three or four bearers.

6. First aid drill, applying temporary dressings, utilizing materials ordinarily at hand, etc.

7. Assembly of squads, formation and dismissal of detachment.

The inspection, formation and drill of the men was done according to the U. S. Manual of Hospital Corps, modified according to the new U. S. Drill Regulations.

The "first aid drill" was well conducted. The visiting surgeons chose the subjects to be illustrated, as follows: Fracture of clavicle, dislocation of shoulder, hemorrhage from femoral artery, and resuscitation of apparently drowned person. Four men representing these subjects were placed on the ground, and Major Hoff, using the "Surgeon's field tag-book," wrote on one of the pages the name and the diagnosis of the case, detached it from the stub and attached to a button of the blouse of the subject. The four men composing the litter squad, on reaching each case, promptly applied the proper dressings, lifted them on the litter and transported them to the ambulance.

Each man in the hospital corps is equipped with a large knife in a sheath on the belt, and has a canvas haversack containing the following articles: Four roller bandages, two sublimated lint, one spool adhesive plaster, one iodoform sprinkler, two tourniquets, two sponges, boracic acid, sal volatile 3i, carbolized vaseline 3ss, two wire splints, one candle in box; also a leather case containing the following: dressing-forceps, scissors, jack-knife, and a book containing surgical needles, pins, safety-pins, twenty yards of linen thread, and two packages of surgical silk; also a "first aid packet" containing two bandages, cotton and antiseptic gauze, and a large triangular bandage which is used more extensively than other bandage for first dressings. It has printed upon it three illustrations of human figures on which the bandage is applied to various parts of the body.

In the "resuscitation of apparently drowned" both the Sylvester and Marshall Hall methods were employed, and

the reasons for the various actions, showing a clear understanding of their work. The tongue, after being drawn forward by the forceps carried in the haversack, was held forward by a rubber band thrown over the tongue and lower jaw, the rubber band being taken off from the case containing the scissors and forceps.

After further explanatory remarks by Major Hoff, the members of the Association adjourned to the Gem room where a stereoscopic exhibition was given, showing the arrangement of field-hospitals in various camps.

Col. Chas. R. Greenleaf, Assistant Medical Purveyor U. S. Army, was present during the afternoon, and gave great assistance in the exhibition and explanations. In response to inquiries he stated that while the Government would not sell such outfits direct, they might be purchased in part through the Surgeon-General's office.

### THIRD DAY.

The reading of papers was resumed in Memorial Hall, and the following were presented:

1. Major George Halley, Maryland N. G., "First Aid to the Wounded."

2. Lieut.-Col. H. L. Burrell, Medical Director Massachusetts N. G., "Is it Expedient to Have a Physical Examination of Recruits Before Enlisting Them as State Troops?"

3. Lieut.-Col. C. M. Woodward, Surgeon-General Michigan N. G., "Sanitation of Military Camps."

4. Capt. Chas. B. Ewing, U. S. A., "Treatment of Wounds Resulting from Germ Infection."

5. Col. C. L. Lindley, New York N. G., "Tenting on the Old Camp Ground."

The time for comments on these papers was very limited, but the paper of Col. Burrell was freely discussed, and the recommendations of the writer, favoring rigid examinations, was beautifully endorsed, some very interesting remarks being offered, showing the bad effects of its omission in some states.

for, as he asserted, a standing camp is always a fruitful cause of disease. He supported his remarks by his experience as an English army-surgeon in the Zulu war. This paper was somewhat facetious, and concluded with the remark that as to military camps it is cheaper to move than to pay rent.

A biographical sketch of the late Col. Fred L. Matthews, Surgeon-General of Illinois, concluded the papers, and after the adoption of resolutions of respect and condolence with the families of Col. Matthews and Capt. John C. Eggers, of Missouri, the reports of committees were presented.

The Committee on President's Address recommended that the suggestions contained therein be carried out, and that Congress be memorialized to establish a military medical school for the purpose stated, also to treat all states on an equal footing in the allowance for support of the Guard.

#### *Election of Officers.*

The following officers were elected:

*President*—General Nicolas Senn, Illinois.

*First Vice-President*—Major N. H. Henry, New York.

*Second Vice-President*—Lieut.-Col. C. M. Woodward, Michigan.

*Secretary*—Lieut.-Col. E. Chancellor, Missouri.

*Corresponding Secretary*—Lieut. Ralph Chandler, Wisconsin.

*Treasurer*—Col. Francis J. Crane, Colorado.

For next meeting-place, Buffalo, Chicago and Washington were named, and Washington was selected, the meeting to be held in May, 1893, coincident with the meeting of the American Surgical Association.

The office of Honorary President was created, and Col. Chas. R. Greenleaf, U. S. A., was unanimously chosen to fill the office.

The following were appointed as Executive Committee: Gen. Joseph D. Bryant, Surgeon-General, New York; Gen. J. D. Griffith, Surgeon-General, Missouri; Lieut.-Col. H. S. Burrill,

Lawrence C. Carr, Ohio.

After adopting resolutions of thanks to the press and the citizens of St. Louis the meeting then adjourned.

#### *Entertainments.*

Of the entertainment of the visitors it is impossible to speak in too glowing terms of praise. The time intervening between the various sessions of the Association was well occupied. Tuesday evening there was a reception and ball in Merchants' Exchange Hall, which was a brilliant affair. The hall was profusely and neatly decorated, a fine orchestra and a male chorus of fifty voices furnished the music, while the brilliant full dress uniforms of the members and the elegant dresses of the ladies made a pleasing picture.

On Wednesday evening Dr. A. C. Bernays entertained at his residence, and several private receptions and theatre parties were announced.

Thursday afternoon, immediately after the adjournment, the members were placed in carriages, in waiting, and driven through the city, visiting various points of interest, including Reservoir Park, Tower Hall Grove Park and Botanical Gardens, ending at the Jockey Club at the Fair Grounds, where an elegant banquet was provided, to which about one hundred and twenty persons sat down. Col. Chancellor made an admirable host, and Mr. Frank Galennil a witty toast-master.

During the course of the after-dinner speeches a gold badge of the Association was presented by Gen. Senn, on behalf of the members, to Col. Greenleaf, U. S. A., amid great enthusiasm. In his presentation remarks Gen. Senn expressed the desire that the badge might be symbolic of the wedding ring which should unite together the medical service of the National Guard with that of the regular army, and in his response Col. Greenleaf renewed his assurances previously made of the hearty support and encouragement of the Association by the Surgeon-General and all officers of the medical department of the army, and their willingness

and desire to give all aid in their power to the National Guard surgeons.

At about six o'clock the meeting adjourned, after singing "America" and "Auld Lang Sine."

It is a matter of great regret that so few of the National Guard surgeons of Ohio attended this meeting. Our State was represented only by the three located in Cincinnati—the Surgeon and Assistant-Surgeon of the 1st Infantry, O. N. G., and the Assistant-Surgeon of Battery B, 1st Light Artillery, O. N. G. For the good of the service and for their own instruction and pleasure, every medical officer in Ohio should have been present. It is to be hoped that next year the Governor and Adjutant-General will see fit to detail at least one surgeon from each regiment and send them at State expense to the meeting in Washington.

If the National Guard is worth having and is a necessity, and no sensible man will deny either, it is worthy of being placed in the most effective shape possible in every department, and in no branch of the service are efficiency and ample facilities more desirable than in the medical department.

Our soldier boys are as good as any in the land, and are ready for active work on short notice, and they should have the assurance of the best attention possible from their medical officers, which, under present plans, is simply impossible.

#### CURIOUS WOUNDS.

One of our western contemporaries remarks: Some time ago, according to the daily papers, a Pennsylvania man was shot in the oil regions. The wound was severe but not mortal. Later news reports show that there is an even more vulnerable part of the human frame than the oil regions. Last week a Nebraska woman received a wound in the early morning which proved fatal in a short time.—*St. Louis Med. and Surg. Jour.*

**BINDING.**—A VOLUME ( $\frac{1}{4}$  year) of the *Lancet-Clinic*, cloth, leather back and corners, gilt lettering, for 75¢.

## THE CINCINNATI MEDICAL SOCIETY.

### OFFICIAL REPORT.

*Meetings of March 15 and 22, 1892.*

The President, F. W. LANGDON, M.D., in the Chair.

L. S. COLTER, M.D., Secretary.

DRS. CARSON and ROVER read papers on

*Hypertrophic Cirrhosis of the Liver*  
(see pp. 606 and 616).

### DISCUSSION.

DR. WM. CARSON:

With reference to Dr. Rover's case, during the reading I noted some exceptions, notably in regard to the hemorrhages. The hemorrhages were more frequent than they are usually noted to be in what is generally called hypertrophic cirrhosis. Then again the jaundice in his case was slight. In the hypertrophic form the jaundice is generally noted early, and more decided than in the atrophic form. Then there is a doubtful statement about what is noted in the cases reported by Charcot, that is extension of the hyperplastic tissue within the lobule. He mentions some appearance of that kind, but not excessive. That would be another difference between the hypertrophic and atrophic forms.

DR. C. G. COMEGYS:

In regard to this toxicity, is it greater in the atrophic than in the hypertrophic form?

DR. CARSON:

Greater in the atrophic than in the hypertrophic form. In the case that I reported the other night, according to the anatomical and pathological investigations, it does not belong to the biliary form of hypertrophic cirrhosis. One author states that the hypertrophic liver is never small, that the atrophic liver is never large, and that there is no change from one to the other—no change from the hypertrophic to the atrophic.

DR. COMEGYS:

I think a very interesting point to note in the functions of the liver in a case of this kind is the diminution of

urea in the urine. The liver is now known to be a fabricant of urea, but in certain cases, *e.g.*, abscess and interlobular sclerosis, there is a notable diminution of urea in the urine. Dr. Carson has given us figures showing by the researches of Bouchard that the toxicity of the urine in intra-venous injection is less in hypertrophic cirrhosis than in the atrophic variety, which proves, as I think, that the synthesis of post-organic elements known as urea is not affected in the latter condition. When Dr. Carson presented his case at the last session I was impressed that the feeble state of his patient might be due to an evolution of miliary tuberculosis sometimes seen in this hyperplastic tissue, but on looking over his notes to-day I find in the post-mortem statements of the pleura and the lung a sufficient explanation; the high fever which followed the chills were at intervals too wide to represent a state of tubercular fever. The icterus in this case existed from the day he first saw him, which shows that the bile was secreted and reabsorbed, owing to obstruction in the biliary ducts. The ascites did not exist until a later period, which indicates that in the progress of the disease the portal ramifications became impervious.

The study of the functions and structures of a lobule is very interesting. Each one represents the whole liver. It is encapsulated by a vascular system, artery, capillaries and vein. It contains also the last distribution of the portal vein. In this mesh-work of capillaries the biliary tube, lined with the epithelia that secretes the bile, begins. It is here, also, that the glycogen-ferment exists, which changes all saccharine substances in the blood of the portal vein into, shall I say, a liver sugar, which is consumed in the system for respiratory and nutritive purposes, which otherwise would escape as a diabetic urine; and in the globule, too, urea, as already said, is formed. These innumerable globules, vessels and ducts are sustained in their place and bound together by a fibrous tissue (Glisson's capsule) which enters at the door of the great organ, envelop-

ing and ramifying with them to its utmost limits; and it is in this notable tissue, I say, that the pathology of this case lies; the abnormal development which the microscopic section has proven existed between and in the lobules, and had so encroached upon the biliary canaliculi as to obstruct the bile at its exit, and caused the jaundice; then later, upon the portal distribution, and produced the ascites, and I venture to say, the increasing enlargement of the viscus at length inhibited to a certain extent the return of blood through the emulgent vein, or veins, and caused the hypertrophy of the kidneys and the albuminuria. I say this because if the fibrosis had been of a general character the heart should have been found enlarged.

The cause of this hypertrophic cirrhosis has not been ascertained. It did not close as an atrophic cirrhosis, which is the usual course when the case is due to hard drinking (the patient was temperate), but that it originated in the portal blood is pretty certain. Other substances, developed in the relations of the portal blood, may, in the penetralia of the liver, produce the abnormal growth.

What can we do, either in the hypertrophic, or atrophic conditions of the liver? In the early stage of the former I have found that huge doses of the iodide of potassium may be successfully employed. In the latter, tapping and the use of hydrogogues (elaterium,  $\frac{1}{12}$  to  $\frac{1}{8}$  of a grain p. r. n.) for ascites; careful feeding and good nursing are of great value. Indeed, I know of no available course. If the collateral circulation be well developed there are cases where life may be prolonged, and a fair capacity for usefulness remains. Some fifteen years ago a notable man of our profession who was given up to die was placed in my care. He was so hopeless that he had been allowed to use *ad libitum* whisky, morphia, ether, for euthanasia. Yet, after a long and trying effort he grew better, went to the mountains and sea, and at the end of two years resumed his work of teaching anatomy in another city, and is still living.

from several standpoints, and one of these concerns the elementary anatomy of the liver, to which one speaker has referred. I think that the elementary anatomy must be the basis of a sound pathology and rational therapeutics, or in fact, any clinical study of the case.

As regards the anatomy of the liver, I think a great deal of the confusion which seems to exist between what is known as biliary cirrhosis and ordinary interstitial cirrhosis arises from a misunderstanding or a misapplication of terms, rather than from any primary difference in the diseases themselves.

If I understand the term biliary cirrhosis rightly, it is a hyperplasia or an infiltration which is confined mainly between the cells; the exudation in the ordinary cirrhosis being in the inter-lobular connective tissue. One is intra-lobular, the other is inter-lobular.

I think we are somewhat in the position of the men in the story who fought about the gold and silver shield; and I think much light is cast upon these obscure pathological problems by going back to the primary structure of the part and studying it from that point of view.

In regard to the anatomy of the liver, I think our descriptions and drawings in the ordinary text-books are at fault. We have pictured, for instance, the so-called lobule or acinus and its network of bile canaliculi between the cells; surrounding it, the inter-lobular connective tissue or capsule of Glisson supporting and connecting the portal vein and hepatic artery, the lymphatics and the bile ducts. In the center of each lobule is situated—theoretically—the *intra*-lobular or hepatic vein. Now, we have this picture so firmly fixed in our heads that we are apt to think that it represents the actual state of affairs, which, in my opinion at least, it does *not*, being merely a schematic assumption for convenience of description.

I think if we go back in the zoological scale and study the structure of the liver in lower animals and in the foetus, we find that this view of the lobule, and the inter-lobular and intra-lobular veins,

tive form, is a tube, which tube eventually becomes ramified to form a compound racemose gland. This tube may be convoluted upon itself, so as to make it appear like a lobule, and yet retain the tubular character in structure; and this is probably the actual state of affairs. These tubes in the liver, if we were enabled to unravel them, would present a lining of epithelium bounding a central cavity (the biliary canaliculus) and resting on a basement membrane. Outside of this would be the interstitial connective tissue containing the blood-vessels, lymphatics and nerves, as well as the bile duct radicles which receive the bile from the canaliculus. The intra-lobular vein itself (hepatic vein radicle) must also be situated in the interstitial tissue, between the tubules—and its apparent situation in the center of the so-called lobule is probably an optical illusion, due to folding of the original liver tubules upon themselves. According to this view, the apparent connection between the portal system of capillaries and this intra-lobular vein is one, not between the cells, but rather around some convolution of those tubes. Judging from the development of the liver, the blood must pass *around* the lobule or tubule in some way, in order to establish the circulation.

Respecting the starting-point of the inflammatory process, which lies at the bottom of all the various forms of cirrhosis, I do not think we ought to hold these little biliary canaliculi responsible for any inflammation beginning around them. They have not the elements within them for an inflammatory exudation.

It might be stated that inflammatory migration and exudation could occur from the so-called intra-lobular vein. I think that this is the very last place for an inflammation to start, for the reason that the blood in this is strained blood which has passed through the purifying and oxidizing processes of the liver, and is in a comparatively purified condition; consequently less liable to contain irritants which may excite inflammatory action. Hence I think we

intra-lobular vein as sources of inflammatory action.

This brings us down to three possible sources of the inflammatory exudation: one of these is the portal vein, which brings both the good and the bad into the liver to be separated, *e.g.*, the products of digestion and the results of wear and tear in the digestive tract. The second source is the lymphatics, which are, of course, the important sewers of the body in one sense. The third is the hepatic artery, which comes from an entirely different direction, of course, and conveys, if any, an entirely different class of irritants. From one of these three sources must come the irritant which excites the inflammation. Therefore it is reasonable to conclude that the irritant is somewhere in this capsule of Glisson or inter-lobular connective tissue. The irritant, if it be alcoholic, necessarily comes most directly through the portal vein from the stomach. If it be the irritant effects of micro-organisms lower down in the canal from an ulceration or a tubercular deposit or a neoplasm, it comes through the portal vein or the lymphatics. If it comes from some general systemic condition or an embolus, then it is more likely to come through the hepatic artery. Should it be biliary calculi in the hepatic ducts, as has been conjectured, then it is still within the capsule of Glisson. To my mind, it is a matter of simple duration and progress whether the exudation due to these irritants goes between the cells, and finally surrounds the so-called intra-lobular vein, or whether the patient dies before he reaches this point.

Judging from the anatomy and the distribution of the parts, as already stated, there can be but one primary form of cirrhosis and but one original location for the products which constitute the inflammatory exudation — namely, in the inter-lobular connective tissue. Whether it subsequently assumes apparently different forms in different individuals is another question. I would simply remark that this view of the seat of the pathological products, based upon the anatomy and develop-

whether there are primarily different forms or locations of inflammation in cirrhosis.

That there are two forms, atrophic and hypertrophic, from the start, I cannot believe. The liver may be not appreciably larger, but it must be actually larger at an early stage. How soon, in one individual, that exudation organizes and contracts, depends very largely upon the individual and the capacity of his tissues to proliferate and reorganize. The amount of exudation they will pour out, the amount of migration of leucocytes, and the extent of area involved are also important factors. In other words, there is not necessarily any specific difference between hypertrophic and atrophic cirrhosis. In one the individual would never live, as in Dr. Rover's case, to the stage of atrophy; another might exist for years with an atrophic condition of slow progress, leaving a certain amount of functional activity in portions of the organ. So I think these are cases where we are apt to confuse ourselves with terms, rather than advance to any new knowledge of the subject by subdividing them into forms.

I can at present recall three cases which would correspond with this hypertrophic cirrhosis, and another one which I have under observation at present, in a lady seventy-five years of age, where the liver reaches the umbilicus. Were it not for the almost complete absence of pain and gastric distress and the smoothness of the liver I would think that she probably had cancer, but I can find no symptoms of cancer. What pain there is, is paroxysmal, at long intervals, and suggestive of gall-stones. Were it deep-seated, painless cancer, there would probably be ascites, which is not present.

Respecting the question of the transition from hypertrophic cirrhosis to an atrophic form, I can relate a case bearing upon that point. A patient of my own who came to me a year and two months before his death with a decidedly enlarged liver an inch below the ribs, hepatic dullness five inches in nipple line, pain in that region, jaundice,

going to pieces. I am satisfied that my diagnosis of enlargement of the liver was correct, because he came to me from no less distinguished a diagnostician than the essayist of the evening, with the same diagnosis. That man, strange to say, under ordinary hygienic treatment and the advice of rest and a milder climate during the winter, and pretty much of his own treatment during the summer (which consisted of purgative mineral waters at a well-known resort), improved markedly in strength, and some of his jaundice disappeared. When I next saw him he said that he was as well as he ever was in his life, felt like a new man, as he expressed it.

He went along through the fall until December. I examined his liver. I could detect no enlargement. There was a recession behind the ribs. He complained of no discomfort. I had not seen him for at least a month or two until I was sent for to see him. He was constipated, some abdominal distress, some nausea, which was relieved by simple measures. Jaundice not excessive. I advised him to keep in bed for a few days, which he did. On Saturday he went down to his office feeling quite ambitious; thought he was well, so much so that I did not see him the next day. Sunday night I was sent for. He was semi-comatose. Had vomited a small quantity of grumous blood. Before twelve o'clock he could not be aroused. The urine was examined, but contained no albumen. Jaundice evidently increased. Bowels were opened, stools small, blackish, evidently contained grumous blood. He died about thirty-six hours after development of coma.

The diagnosis, which was concurred in by Dr. J. C. Mackenzie, was cholæmia, and there was no evidence of any organ at fault but the liver. There was a suddenly-developing coma, that probably meant this toxæmic condition referred to by Dr. Carson.

But the interesting relation of this case to the present discussion lies in the enlargement and the sub-

alleged two diseases. I think we would have more of these cases if some of the hypertrophic cases lived longer, or if the tissues of some patients were more active in organizing. Rather than two diseases, I think they are like some of the diseases of the kidney, in that the diagnosis depends largely on what time they come under observation. Eventually, of course, the exudation would be distributed throughout the organ, but it most probably *begins* in the connective-tissue surrounding the portal vein, hepatic artery, and lymphatics.

That there is ever any new formation of biliary canaliculi, is, I think, improbable, though the pre-existing ones are doubtless rendered more apparent at times by dilatation.

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## ACADEMY OF MEDICINE.

### OFFICIAL REPORT.

*Meeting of April 4, 1892.*

The President, G. A. FACKLER, M.D.,  
in the Chair.

T. V. FITZPATRICK, M.D., Secretary.

### *Report of a Case of Supra-pubic Cystotomy.*

DR. JOSEPH RANSOHOFF presented a patient, sixty-nine years of age, upon whom supra-pubic cystotomy had been performed for enlargement of the prostate gland. The patient had been a sufferer from the usual symptoms for more than five years, and during the last two had had absolute retention four times. The usual cystic symptoms of prostatic hypertrophy were present—frequent micturition, severe pain, vesical tenesmus, alkaline urine, and loss of weight from pain and disturbed sleep. Rectal examination showed a uniform enlargement of the prostate gland, the organ being certainly as large as a hen's egg.

A supra-pubic cystotomy was made at the Jewish Hospital on the 10th of January, vesical injection and distension of the rectum having been previously made, the latter with a Peterson's bag.



peritoneum. The bladder was opened low down, and the prostate, grasped in a vulsellum, drawn into the wound for examination. It could easily have been removed had the patient's condition warranted it. After thoroughly cleansing the bladder, the wound tamponed in such a way as to leave the uppermost part of the abdominal wound open, while the lower portion was closed. In the process of granulation formation which followed an artificial urethra was formed, which prevented the overflow of urine.

The recovery was uninterrupted. The patient need not get up at night. He retains his urine eight hours at a time. When presented to the Academy the bladder had not been emptied for six hours. There was no dribbling, and the urine was ejected in a stream. Once a week the urethra is dilated with a sound.

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#### TO CAUSE THE CLOT OF APOPLEXY TO BE ABSORBED.

An anonymous writer in an Italian journal (*Gazzetta medica di Roma*, No. 5, 1892) claims that the internal administration of *arnica* will cause apoplectic clots and emboli to be absorbed. Put a teaspoonful of the tincture into a glass of water and give a spoonful or two every hour. [The iodide of potash in small and repeated doses has also been recommended for this purpose.—TRANS.]

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#### VOMITING AFTER CHLOROFORM ANÆSTHESIA.

Dr. Brinton (*Med. Neuigkeiten*, No. 11, 1892) gives in vomiting after chloroform, four or five drops of chloroform with two or three drops of vinegar or opium, two or three times a day. The best remedy is an injection of one centigramme of morphine immediately after the patient awakens. Before the anæsthetic is administered he gives his patient a drink of brandy or whiskey and a very small dose of morphine subcutaneously.—[Pritchard.]

Translations.

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## THERAPEUTIC NOTES

FROM FRENCH, GERMAN AND ITALIAN  
JOURNALS.

TRANSLATED BY  
F. H. PRITCHARD, M.D.,  
NORWALK, O.

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### CACTUS GRANDIFLORUS AND ITS THERAPEUTIC APPLICATIONS.

Dr. G. Belfiore (*Revista clinica e Terapeutica*, No. 2, 1892) gives a review of this cardiac remedy, which he has used for over six years. Dr. Rubini, an Italian homœopath, was the first to use this drug, publishing his results in a monograph appearing at Naples in 1864. Belfiore has used it in many cases with splendid results. It is indicated in the following states:

1. *Stenosis and valvular insufficiency, with hypertrophy of the heart and disturbed compensation.*—The writer, in such cases, has seen the circulation become normal, the force of the heart increase and the œdema disappear, when *digitalis*, *strophanthus*, *adonis veruialis* and other cardiac remedies were inactive.

2. *Arythmia from valvular lesions.*—Of great service often.

3. *Disturbed cardiac innervation.*

4. *Angina pectoris.*

5. *Chronic bronchitis accompanying emphysema.* Modifies the expectoration and dyspnoea, even to complete disappearance.

6. *Bleeding hemorrhoids.*—Used a few times, with good results.

7. *Hæmoptysis*, with hard, tumultuous heart's action and pulse to correspond. Bright, fluid and arterial blood.

8. *Acute and chronic palpitation of the heart.*

9. *Rheumatism of the diaphragm.*—Here its great analogue is *aconite*.

In diseases calling for cactus, there will be more or less irregularity of the heart's action, with great nervous excitement and palpitation. Debilitated people, with indigestion and a feeling of constriction as if an iron band were around the heart, preventing its normal

indigestion. It is also of service in rheumatic affections, where there is more or less cardiac disturbance. If there is any remedy worthy of confidence in obscure heart affections of nervous origin, it is scutellaria. Cardiac irritability, palpitation, with hyperæsthesia on a hysterical basis. Use scutellarin, one-tenth grain.

The writer recommends cactus to be taken in doses of five to two hundred drops of the tincture in water or sugar; larger doses are generally given. Boinet and Boy-Tessier recommend eighty, one hundred, or one hundred and twenty drops per diem for weeks. Aulde, of Philadelphia, claims good results in disturbed cardiac innervation accompanying menorrhagia or metrorrhagia.

#### MUSHROOM POISONING.

Dr. Richardière (*Med. Neuigkeiten*, No. 11, 1892) treats poisoning by mushrooms by washing out the stomach, and stimulants. Muscarine, the alkaloid of the fungi, is antagonized by atropine. He gives it subcutaneously, and employs the following formula:

⚡ Sulphate of atropine,	1 cgm.
(gr. 1-6th).	
Cherry laurel water,	20 cgms.
(3vi).	

Inject one-half a springeful, and if the heart does not recover its force, then another syringe-ful; in desperate cases one may administer up to three-fourths of a milligramme (one eighty-fifth of a grain).

#### TREATMENT OF ACUTE CORYZA.

Prof. Hayem (*L'Union médicale; Med. Neuigkeiten*, No. 52, 1892) pours a few drops of the following fluid on blotting-paper and inhales:

⚡ Pure carbolic acid,	gms. 5
(3j¼).	
Liquid ammonia,	gms. 5
(3j¼).	
Water,	gms. 15
(3iv).	
Alcohol,	gms. 10
(3ijss).	

The remedy has an agreeable action, yet does not abort all cases.

⚡ Subnitrate of bismuth,	gms. 6
(3jss).	
Pulverized benzoin,	gms. 6
(3jss).	
Pulverized boric acid,	gms. 4
(3j).	
Menthol,	dgms. 2
(grs. iij).	

In inflammatory affections of the nostrils he employs a salve consisting of equal portions of vaseline and the subnitrate of bismuth.

[*Gelsemium sempervirens* is an excellent remedy for a cold in the head; give ten drops of the fluid extract, a good dose, on going to bed.—*Pittsburg Med. Review*, No. 3, 1892].

[*Aconite* is another good remedy. To revive one who is "dead drunk," give five drops of aconite tincture in a teaspoonful of water. One dose is sufficient, as a rule.—*TRANSL.*]

#### THE ABORTIVE TREATMENT OF FURUNCLES AND FELONS.

In a work on the treatment of boils (*Annales de Médecine*, No. 4, 1892) the following abortive treatment is recommended: Paint the entire and the surrounding suspicious territory over with tincture of iodine until it is nearly black. The same treatment will abort a felon.

[Calcium sulphide or nitric acid internally, the nitrate of mercury in a salve locally, and electricity (the galvanic current) are also recommended.—*TRANSL.*]

#### CREOLINE IN SUPPURATIVE PROCESSES.

Dr. Vopelius (*Der Aerztliche Praktiker*, No. 1, 1892) claims to have discovered in creoline a remedy which, given internally, acts surprisingly well in various suppurative conditions. In nineteen cases of septicæmia he tried this treatment with excellent results. He asserts that with the early use of large doses of creoline, five to eight grammes (one and a fourth to two drachms), no case can end fatally. Erysipelas, phlegmonous processes,

cured in as many days as under other treatment weeks were necessary. In specific parenchymatous diseases lysol is the remedy. Scarlet fever, typhoid fever and diphtheria yield to this germicide. Its action in carcinoma is simply astonishing. From his experience in five cases he does not hesitate to declare lysol an efficacious remedy in carcinoma. Creosote especially, if given with the iodide of potash, is a good germicide in chronic diseases.

#### ARSENIC IN SCIATICA.

Dr. Fagge (*Med. Neuigkeiten*, No. 52, 1892) regards arsenic as the best remedy in sciatica. He uses either the liquor natrii arsenicalis, or the liquor arsenicalis muriaticus in combination with the tincture of the segni-chlorate of iron. Arthritis is not rarely the cause of the disease. In the left-sided variety it is often produced by scybala in the descending portion of the sigmoid flexure or rectum.

#### NEURALGIAS AFTER INFLUENZA TREATED BY DIAPHORESIS.

Dr. Trey (*Med. Neuigkeiten*, No. 9, 1892) sweats his patients by a steam bath in such cases, and with success. Commence with a steam or hot-air bath, massage from periphery to centre, and follow with a full bath or douche. Four to six weeks are usually sufficient.

#### LOCAL SOCIETY NOTICES.

##### CINCINNATI MEDICAL SOCIETY.—

Tuesday evening, May 10, DR. E. S. RICKETTS will report: "An Abdominal Section for Fibroid Tumor;" "A Sarcoma of Female Breast;" "Strangulated Inguinal Hernia," with exhibition of specimens.

DR. S. C. AYRES will report a case of "Brain Tumor."

"ROBINSON'S LIME JUICE AND PEPSIN," is an excellent remedy in the gastric derangements particularly prevalent at this season. It is superior as a digestive agent to many other similar goods. (See page vi, this issue.) See

# LANCET-CLINIC:

A Weekly Journal of  
MEDICINE AND SURGERY

ISSUED EVERY SATURDAY.

EDITORS:

J. C. OLIVER, M.D.  
L. S. COLTER, M.D.

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Cincinnati, May 7, 1892.

## Editorial.

### EDITORIAL NOTES.

THE following letter was received from one of our subscribers:

*Editors Lancet-Clinic:*

DEAR SIR:—This morning's mail brought me the within reprint from the LANCET-CLINIC, containing the article of W. R. Amick, A.M., M.D. (*Professor of Ophthalmology in the Cincinnati College of Medicine and Surgery; formerly Professor, etc., and Member of the Cincinnati Medical Society*), entitled "A Chemical Cure for Consumption and Asthma," and in connection with this reprint he also sends a quack circular giving terms, etc., of his wonderful discovery, and some of the reasons for keeping its preparation a secret. When the article appeared in the LANCET-CLINIC it received many criticisms, but the majority of readers expected a full explanation from the writer of the article, and have waited patiently to hear from him.

Well, the "explanation" has come, and it will compare very favorably with the printed circulars of the traveling quack that makes his monthly or bi-

that will stand the ensuing season, etc. Prof. Amick may find dupes among physicians that will help him fill his pockets, but I think it is only a question of a very short time when his "explanation" will be circulated pretty thoroughly among the people generally. Shall not be surprised to find one in my yard at any time. I think the Cincinnati Medical Society has a little duty to perform.

Prof. Amick can learn the opinion of physicians generally by reading his article again, especially the first page. He mentions the "ordinary so-called cures for consumption." His is the extraordinary advertised so-called cure for consumption; has hospitals, medical journal, medical college and medical society behind it, but to apply his own language, "These advertised remedies are not expected (with an expectation born of medical knowledge) to cure diseases, but are intended *solely to make*

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in the country. It is a general rule we believe the roads throughout Ohio are above the average, and we all know, and feel considerable pride over the fact that Cincinnati is one of the best paved cities in the world.

There is a large element of humanity concerned when the nature of the road is taken into consideration. A bad road is not only an abomination but is a positive cruelty to the animals which must haul loads over it.

As physicians and humanitarians it is our duty to insist upon the proper construction and maintainance of our highways of travel and commerce.

Mr. Pope proposes that there be a comprehensive road exhibit at the Columbian Exposition for the purpose of educating the people in the proper methods of construction and repair of

travelling quacks would possess a marked advantage as they would be excepted from the operation of the law. We believe this decision rests upon a mere quibble, and that the law should be couched in language so plain that even a Judge may know exactly what is meant.

WE learn with deep regret of the death of Dr. E. O. Wilms of Chiciago by suicide. The Doctor was a graduate of the Miami Medical College. He had an attack of paralysis after a siege with diphtheria and was an invalid for several years. No doubt the cerebral lesion lead to mental degeneration as manifested by the manner of his death.

We extend our sincerest sympathy to his bereaved wife and to his stricken family.

WE are sorry to announce the serious illness of Dr. W. W. Dawson, of this city. The Doctor has been in failing health for some time, but we were loath to believe it a serious matter. The sympathy of the entire profession goes out to the Doctor during his trying hours.

#### AN OPERATION TO RAISE SUNKEN NOSES.

Dr. R. F. Weir presented to the Practitioners' Society of New York, (*Med. Record*) two patients illustrating rare surgical procedures. The first was a young lady whose nose had sunken from absence of the septum. By making an incision underneath the lip and skin he was enabled to introduce a platinum bridge, which held up the skin while its feet rested on each side of the nasal aperture. Morton had had cases in which the bridge had remained in four years, while in this patient the operation was performed five or six weeks ago. It had been satisfactory in holding up the nose, and had caused no unseemly scarring which other operations involved.—*Weekly Med. Review*.

SOCIETY.

The forty-third annual meeting of the Indiana State Medical Society will occur in Indianapolis on Thursday and Friday, May 12 and 13, 1892. The meeting will be held in Plymouth Church, located upon the south-east corner of New York and Meridian Streets, and will convene at 10 o'clock on the morning of the 12th.

The following is the programme:

#### *May 12—Morning Session.*

10:00. Calling to order.

Prayer—Rev. Joseph A. Milburn.

Calling roll of members.

Appointment of Committee on Credentials.

Report of Committe of Arrangements.

F. C. Woodburn, M.D., Chairman.

Miscellaneous business.

Report of Secretary, E. S. Elder, M.D.

Report of Treasurer, J. O. Stillson, M.D.

Report of Committee on Publication.

A. W. Brayton, M.D., Chairman.

Report of Committee on Necrology.

Jas. F. Hibberd, M.D., Chairman.

Report of Committee on Entertainment. A. M. Owen, M.D., Chairman.

11:00. Prognosis and Treatment of Asthma.

E. Linthicum, M.D., Evansville.

11:30. Malarial Intoxication—rare cases.

H. O. Pantzer, M.D., Indianapolis.

12:00. Inflammation—past and present.

Jas. F. Hibberd, M.D., Richmond.

12:30. Etiology of Diphtheria. A. L. Wilson, M.D., Indianapolis.

#### *Afternoon Session.*

2:00. Executive session.

2:15. Report on General Medicine. The Purpose of Drugs. C. S. Bond, M.D., Richmond.

2:45. Tenotomy of the Recti Muscles. J. O. Stillson, M.D., Indianapolis.

3:05. Steel in Iris for Twenty-seven Years. Sympathetic Inflammation. Geo. F. Keiper, M.D., Lafayette.

3:35. Relations of General Practitioners to Some Features of Emergency Laparotomies. G. R. Green, M.D., Muncie.

3:55. Abdominal Section for Pelvic Peritonitis, with report of two cases. W. H. Link, M.D., Petersburg.

4:25. Menstrual Disorders Caused by Errors of Development and Arrested Growth of the Female Sexual Organs. L. H. Dunning, M.D., Indianapolis.

4:45. Repair of Injuries of the Vaginal Outlet. S. E. Mumford, M.D., Princeton.

5:25. Surgical Diseases of the Gall-Bladder

and Gall-Ducts, with report of five cases. Miles F. Porter, M.D., Fort Wayne.

5:45. The Present Status of the Surgery of the Appendix Vermiformis. John A. Wyeth, M.D., New York.

*Evening Session.*

7:30. President's Address. Edwin Walker, M.D., Evansville.

*May 13—Morning Session.*

9:00. Announcement of the Committee on Nominations.

*Executive session.*

9:15. Report on Bacteriological Investigation. Theo. Potter, M.D., Indianapolis.

9:45. Preternatural Sleep. N. N. Shipman, M.D., Seymour.

10:05. Cerebral Localization. H. M. Lash, M.D., Indianapolis.

10:35. Some Remarks on the Pathology and Treatment of Epilepsy. G. W. McCaskey, M.D., Fort Wayne.

10:55. Purulent Absorption as a Cause of Insanity. W. B. Fletcher, M.D., Indianapolis.

11:25. Reparative Surgery of the Peripheral Nerves. Fred. Jenner Hodges, M.D., Anderson.

11:55. Treatment of Compound Fracture, with a case. Wm. H. Myers, M.D., Fort Wayne.

12:25. Remarks upon Chronic Inflammation and Hyperplasia of the Female Genitalia. G. Frank Lydston, M.D., Chicago.

*Afternoon Session.*

2:00. Report of Committee on Nominations.

*Executive session.*

2:15. Report on General Surgery. Joseph W. Marsee, M.D., Indianapolis.

2:45. The "Third Lobe," with Remarks on Prostatic Obstruction. J. C. Sexton, M.D., Rushville.

3:05. Some Remarks upon the Palliative and Radical Treatment of Enlarged Prostate. W. N. Wishard, M.D., Indianapolis.

3:35. Criticism of Modern Pharmacy. C. G. R. Montoux, M.D., Evansville.

4:05. "Fœtus in Fœtu," with Remarks upon Anomalies in Generation in the Human Species. J. R. Jenkins, M.D., Shelbyville.

4:35. Superfœtation. T. R. Rubush, M.D., London.

5:05. A Case of Labor with Unusual Multiple Complications. G. W. H. Kemper, M.D., Muncie.

5:25. Laceration of the Perineum in Parturition. Ward Cook, M.D., Pendleton.

5:55. Introduction of President-Elect.

Appointment of committee for ensuing year. Adjournment.

GREAT BRITAIN obtains a revenue of ninety-eight million five hundred thousand dollars annually from its stamp-duty on patent medicines. Thirty years ago the income from this source was two hundred and ten thousand dollars.

## Miscellany.

### HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending April 29, 1892:

WARD.	Measles.		Scarlet Fever.		Whooping Cough.		Diphtheria.		Croup.		Typhoid Fever.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....	1										1	
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21.....												
22.....	1								1			1
23.....		1			1							
24.....									1	1		
25.....	1		1				1					
26.....			3				2					
27.....											1	
28.....												
29.....					6							
30.....												
Public Institutions.....												
Totals.....	16	2	9	1	17	1	20	5	3	1	4	1
Last week.....	33		15	1	15	2	23	7	2	2		2

Mortality Report for the week ending April 29, 1892:

Croup.....	1
Diarrhœal Diseases.....	4
Diphtheria.....	5
Measles.....	2
Typhoid Fever.....	1
Whooping Cough.....	1
Other Zymotic Diseases.....	4-18
Cancer.....	4
Phthisis Pulmonalis.....	20

Bronchitis.....	6
Convulsions.....	4
Gastritis—Gastro-Enteritis.....	7
Heart Disease.....	11
Liver Disease.....	2
Meningitis.....	3
Pneumonitis.....	14
Other Local Diseases.....	23—72
Deaths from Developmental Diseases.....	7
Deaths from Violence.....	2
Deaths from all causes.....	129
Annual rate per 1,000.....	22.36
Deaths under 1 year.....	25
Deaths between 1 and 5 years.....	15—40
Deaths during preceding week.....	108
Deaths for corresponding week of 1891.....	126
Deaths for corresponding week of 1890.....	128
Deaths for corresponding week of 1889.....	85
J. W. PRENDERGAST, M.D., Health Officer.	

## OHIO HEALTH BULLETIN.

Infectious Diseases reported to the Ohio State Board of Health in 42 cities and towns during the week ending April 29, 1892.

<i>Diphtheria:</i>		Cases.	Deaths.	<i>Scarlet Fever:</i>		Cases.	Deaths.
Cincinnati.....	20	5		Akron.....	4	..	
Clifton.....	4	..		Bellefontaine.....	2	..	
Columbus.....	4	..		Cincinnati.....	9	..	
Cridersville.....	1	..		Cleves.....	1	..	
E. Palestine.....	2	1		Columbus.....	4	..	
Fairport.....	1	1		Coshocton.....	5	..	
Findlay.....	2	1		Dalton.....	2	..	
Gallipolis.....	1	..		Elyria.....	3	..	
Leetonia.....	1	..		Findlay.....	2	..	
Lima.....	1	..		Fostoria.....	1	..	
Springfield.....	5	1		Gallipolis.....	4	..	
Toledo.....	4	1		Logan.....	1	..	
Xenia.....	1	1		New Lisbon.....	1	..	
Zanesville.....	2	..		Oberlin.....	2	..	
<i>Typhoid Fever:</i>				Portsmouth.....	2	..	
Cincinnati.....	4	1		Springfield.....	3	2	
Columbus.....	..	2		Toledo.....	3	..	
Dalton.....	1	..		Urbana.....	2	..	
Geneva.....	1	..		Warren.....	1	1	
Hanging Rock.....	3	..		Woodsfield.....	1	..	
Youngstown.....	2	1		Xenia.....	4	..	
<i>Measles:</i>				Youngstown.....	3	..	
Ada.....	1	..		Zanesville.....	1	..	
Akron.....	1	..		<i>Whooping-Cough:</i>			
Cincinnati.....	16	2		Cincinnati.....	17	1	
Clifton.....	2	..		Conneaut.....	2	..	
Lima.....	12	..		Fostoria.....	2	..	
Oberlin.....	9	..		Oberlin.....	9	..	
Springfield.....	6	..		Ravenna.....	6	..	
Youngstown.....	9	..					

No infectious diseases reported to health officers in 10 towns.

C. O. PROBST, M.D., Secretary.

## FROM CURRENT MEDICAL LITERATURE.

### THE HISTORY OF A FORGOTTEN COMPRESS.

The *Lancet* for April 2d prints the following in a letter from its Paris correspondent:

At the Société de Chirurgie on March 23d the following remarkable occurrence was reported by M. Pilate, of Orleans: On April 4, 1890, abdominal section was performed on a woman, aged forty-four, for a painful fibromyoma of the uterus. The uterus was removed with considerable difficulty, the pedicle fixed to the abdominal wound, the edges of which were then brought together. In order to protect the neighboring viscera during the operation, a certain number of sponges and gauze compresses—all carefully aseptized—were introduced into the abdominal cavity, each compress and sponge being held with a forceps. The same evening vomiting and pain came on, lasted for six days, without any elevation of temperature. A month after the operation the woman was considered cured. In the month of August, however, pain attributed to the presence of gall-stones appeared in the right hypochondrium; this disappeared in a few days. In September there was a renewal of the pains, which now involved the whole of the abdomen, and were accompanied by vomiting and tympanites, without fever. Palpation revealed the presence, in the region formerly occupied by the uterus, of a series of hard, movable nodules, resembling cancerous masses. A re-examination under the microscope of the tumor removed showed that it was a pure fibro-myoma. The patient remained in much the condition for two months, when one day she passed *per rectum* a gauze compress enveloped in a hard fecal mass. All the unpleasant symptoms very soon subsided, and the woman has remained well since the event. This curious occurrence demon-

strates the importance of counting sponges and compresses used in such operations, and furnishes one more proof of the harmlessness of foreign bodies which have been rendered thoroughly aseptic. The course of events must have been as follows: The compress, after having lain encysted must have excited an attack of peritonitis, with perforation of the intestine. That the occurrence of such a *contretemps* is not altogether unknown in the practice of the most careful surgeons is well attested. One operator now uses in abdominal sections fifteen compresses, hemmed in red, the enumeration of which is carefully made on the completion of the operation. A well-known surgeon once left a forcipressure forceps in the abdominal cavity. The instrument remained in the cavity for eight months, and was then eliminated through an abscess which formed in the umbilical region. Another relates how he once left a sponge in the abdomen, the patient dying of peritonitis three days after the operation. He no longer employs sponges.—*N. Y. Med. Journal*.

#### UNEXPECTED RESULT OF BUILDING UP A VENERAL PRACTICE AMONG MEN.

In discussing Dr. Bedford Brown's paper at the December Meeting of the Southern Surgical and Gynecological Association, Dr. Price (*Atlanta Med. and Surg. Jour.*, March, 1892), said:

While a resident physician in the Old Philadelphia Dispensary, it was then the rule not to treat venereal diseases in the institution, but I asked as a special favor of the Secretary that I be permitted to treat all venereal diseases after hours, as I was anxious to have a little experience just then in that direction. Consent was given, and I soon built up a huge clinic for the treatment of venereal diseases. I call attention to this to verify my position in gynecology. I soon had a clinic that took me an hour and a half or two hours to manage. I had a large number of cases of gonorrhœa, chancroid, bubo, phimosis, prostatic trouble, vesical and renal troubles. I took my meals, my

dinner and sometimes my breakfast, with my brother. I had a room in the dispensary. My rule was to go to a restaurant near by to get my lunch, and sometimes my breakfast if I had slept late. I soon discovered that it was impossible to dine at a single restaurant without being waited on by some one whom I was treating for bubo or gonorrhœa. I had to give up going to restaurants to take my meals. Some of these patients would salute me: "Hello, Doc, what will you have?" I had to go back to my brother's and take my meals with him. I call your attention to this matter to emphasize the fact that I have since operated on the wives of those men for huge pus-tubes, ovarian abscesses, not by the dozen, but by the hundreds. I am speaking to prominent practitioners, men of large experience and good judgment. I am speaking from the standpoint of a specialist. For the last six years I have treated more cases of pelvic diseases than any one else in Philadelphia.—*Maryland Med. Journal*.

#### NODOSE RHEUMATISM IN CHILDREN.

Perret and Diamantberger (*Rev. mens. des Mal. d. l'Enfance*, 1891) relate a case of this disease in a girl ten years old. The disease began with pains in the knees and hands when the child was seven years old. Then it attacked the great toe, the radio-carpal and metatarsal articulations. There was also swelling around the three lower cervical vertebræ. Peculiar characteristics were painful paroxysms, with contractures of the muscles contiguous to the diseased joints, and a mitral insufficiency murmur. Nodose rheumatism in children should be distinguished from the same disease in adults by the following peculiarities: many joints are involved in an early period of the disease; there is less centripetal tendency in the evolution of the lesions, the large joints being frequently involved before the fingers, and the exacerbations are of frequent occurrence. During the chronic period deformities are less frequent than with



adults, and there is less atrophy. Complications are less frequent; there are no disorders of sensibility, no dystrophy of the nails, no tuberculosis, and rarely any cardiopathies. As to the evolution of the disease, subacuteness is more noticeable at the beginning. The chronic state having been established, there may be improvement and even cure. The ordinary causes are poverty and dampness, but heredity has no influence. Diamantberger recognizes an affinity between this disease and hysteria, Basedow's epilepsy, idiocy, myxœdema, acromegalia, and Paget's bone disease.—*Medical and Surgical Reporter.*

#### OTITIS MEDIA AND ITS COMPLICATIONS.

Dr. Lane (*The Lancet*, September 26, 1891) says: Attention is called to some points in the anatomy of the ear incorrectly described by many surgeons and aural anatomists.

There is in the substance of the petrous bone, immediately behind the middle ear, an ovate cavity, inaccurately described as the mastoid antrum. This space may come into communication with the mastoid cells, but is only an occasional occurrence.

It seems that the sole, but important, purpose of this cavity is to secrete a viscid mucus, which lubricates the lining membrane and contents of the middle ear.

It is difficult to say what is the precise function of the membrana tympani and the ossicles. Perhaps not the least important function of the former is to prevent the entrance of cold air.

The presence of the bones and membrane is not necessary for hearing the sounds of ordinary conversation. At the same time sounds such as the ticking of a watch are heard less distinctly by such an ear than by one anatomically perfect.

In acute inflammation of the middle ear the antral and tympanic cavities become distended with mucus or muco-pus and perforation of the membrane occurs. Usually, with judicious treatment this heals; but instead there may result

a condition similar to that present in some forms of ozæna. Extension to the internal ear may considerably impair bone conduction.

In these cases, in consequence of some occlusion of the antral aperture, the antrum gradually increases in size and a consequent thinning of its walls occurs.

The possible consequences of increased tension in the antral cavity are the following: Inflammation of the bone in relation with the antrum; of the periosteum covering the outer side of the mastoid process, and the interior of the external auditory meatus, and of the dura mater lining the adjacent portions of the middle and posterior fossa.

In the large proportion of cases of inflammation of the bone consequent on a primary acute otitis, no pus is found in the antrum, or in the cancellous spaces in the mastoid bone, or beneath the periosteum or dura mater.

In other cases, and especially where an acute attack is builded on to a chronic one, all these conditions are exaggerated, and pus may exist between the periosteum and the mastoid process, or between the dura mater and bone, or in both situations.

The degree of inflammation of the mastoid process gives the surgeon no accurate indication of the condition of the dura mater. This is obviously a matter of the greatest clinical importance, since pus collected between the bone and dura mater may produce septic arachnitis or septic thrombosis of the lateral sinus.

The differential diagnosis between the various conditions which may result is sometimes easy; in others only a probable diagnosis can be made. Fortunately this makes no difference in the course of treatment.

The importance of optic neuritis as a symptom is discussed. Taken in connection with other symptoms it is considered by the author a symptom of the most vital importance, and one that has enabled the writer to save lives, in which the delay necessary for the development of other confirmatory symptoms would certainly prove fatal. Septic thrombosis of the lateral sinus is dis-

Abscesses in the temporo-sphenoidal lobe or cerebellum vary enormously as to symptoms. The symptoms of extensive meningitis are usually unmistakable. In regard to treatment of these conditions, the author's advice is this, "if in doubt, operate."

In suitable cases of acute inflammation of the middle ear great benefit may be obtained from leeching, free blistering, warm applications, irrigations, incision of the membrana tympani, etc. The adoption of a definite operative sequence in all complications is urged, upon the principle that it is of vital importance in every case to attack the primary source of the disease—namely, the antrum—and by obliterating that cavity to remove any possible complication in future.

The course suggested in any apparently complicated case is the following: Expose the mastoid, remove the process with a gouge. A trephine or drill is considered as unsafe and inefficient. If the sinus is thrombosed the jugular vein must be tied below the clot. If the sinus is obviously not completely thrombosed various measures may be used. Having failed to find anything thus far, the cerebrum or temporo-sphenoidal

of subsequent risk from complications. In this as in the previous similar operative treatment, already described, the patient for the future irrigates the middle ear once a day, with warm water, then introduces a drop of glycerine and iodoform into the meatus, and then a plug of cotton, wool, or a compressed cap of the same substance is inserted in order to prevent evaporation. By these means the functions of the antrum and of the membrana tympani are replaced artificially and satisfactorily.—*Archives of Pædiatrics*.

#### THE VALUE AND APPLICATION OF THE CYSTOSCOPE.

Meyer (*New York Medical Journal*, vol. lv., No. 7) comes to the following conclusions as to the value and application of the cystoscope:

1. In all obscure reno-bladder diseases cystoscopy has to be practiced—if necessary, repeatedly—before operative interference for diagnostic purposes is resorted to.

2. There are a number of causes which make cystoscopy impracticable.

3. Cystoscopy is an easy and harmless examination, but its successful em-

and thus gather, in a bloodless manner, the urine from each kidney separately.

9. We can thus make out, in certain cases, by observing *the character* of the jets of urine, especially by *timing their frequency and duration* at the urethral orifices, whether the other kidney is doing the work for the one which is diseased.

10. These facts will tend to make superfluous, in the majority of cases at least, a preliminary suprapubic or perineal incision for diagnostic purposes, as well as a nephrotomy performed for determining the action of the other (not diseased) kidney. They greatly widen and strengthen our means for determining the indication and prognosis of nephrectomy.

11. With the aid of Nitze's newest instrument, the operating cystoscope, we may look forward to being able to carry on intravesical treatment under the direct guidance of our eyes.—*The Therapeutic Gazette*.

#### ERROR IN DIAGNOSIS.

The Vienna correspondent of the *American Practitioner* narrates a remarkable error in diagnosis, which is useful, not because it shows how "a great clinician may be tripped up, but because it should make the little fellows more cautious." The writer states that his authority for the statement is Dr. Kundrat, chief of the pathological institute at the University. There came one day to Professor Nothnagel's clinic a patient offering a dubious chain of symptoms. He had a very large area of dulness over the upper abdominal and lower thoracic regions of both sides. The man also gave as part of his history the fact of having had a dog to which he had been greatly attached. The diagnosis was plain to Nothnagel as one of echinococcus, and a lecture of considerable length was given to the class on that topic, preliminary to the patient's being handed over to Billroth's clinic for operation. An operation, laparotomy, was performed, but the liver was found to be normal, or nearly so; and the same was true of the spleen. The trouble was seen to be

thoracic and not abdominal. The wound was closed. An autopsy was possible a few days later, when the real disease was revealed to be pericarditis with an unusual amount of effusion.—*Journal of American Med. Association*.

#### THE SENSE OF TASTE IN THE LARYNX.

For many years (*British Med. Jour.*) it has been known to histologists that the specific end-organs of taste, namely, the taste-bulbs, occur on the posterior or inner surface of the epiglottis, but up till now the physiological proof of the existence of the sense of taste in the epiglottis has not been forthcoming. Michelson, under Langendorff's direction, made a number of experiments, which show that the inner surface of the epiglottis is endowed with taste. A Schrötter's laryngeal sound, tipped with a solution of quinine, or saccharin, was introduced into the larynx, and the drop of the sapid substance was cautiously brought into contact with the inner surface of the epiglottis. Positive results were obtained, which were controlled by the sensation—electrical taste—known to be produced by electrical stimulation. It seems, therefore, proved that a part of the nerve fibers passing to the larynx are nerves of taste.—*N. Y. Med. Times*.

#### ACTION OF CAMPHORATED OIL.

At a meeting of the Società Lancisiana degli Ospedali di Roma on February 13 (*Gazz. d. Osp.*, March 8, 1892), L. Taussia stated that he had used camphorated oil with good results in many cases of influenza in which collapse from cardiac paralysis appeared to be imminent, and in pneumonia, typhoid, etc. He gave the drug dissolved in oil of sweet almond in the strength of 1 to 2, and sometimes 4 to 5 per cent. Essence of peppermint was useful in disguising the taste. Liberal doses (two to four grammes per diem) were always given; the remedy was always well borne, and no disagreeable effects were observed. The remedy should be given before the patient is *in extremis*, when

an active stimulant and expectorant is required, and when it is not contra-indicated by the existence of great cerebral excitement. In cases of pneumonia, broncho-pneumonia, and typhoid fever, the drug produced increase of arterial pressure, freer expectoration, and a feeling of physical well-being, which lasted a considerable time. Taussia insists that only the best Japanese camphor should be used, the artificial preparation having, according to him, no therapeutic value.—*British Med. Journal.*

#### OBSERVATIONS IN REFERENCE TO THE USE OF ICHTHYOL IN FEMALE DISEASES.

Observations made by Oberth (*Der Frauenarzt, Hft.*, 19, 1891) do not agree with the excellent results reported by Freund. Oberth reports forty-two cases treated with ichthyol. Of these thirty-five were cases of chronic inflammatory swelling of the appendages, and four parametric exudations. His conclusions were that ichthyol does not

have a specific effect upon the inflammations about the uterus, nor does it cause resorption of the products of inflammation. He did observe, however, that it quickly diminished the amount of pain. His favorite manner of using the drug is as a 5 to 10 per cent. ichthyol-glycerine on tampons.

It pays to be a popular physician in Europe, almost as well as it does in America. Dr. Metzger, of Wiesbaden, it is said, received about \$400 a day during his attendance upon the Czarina of Russia. In addition to this the Czar conferred upon him the decoration of the Stanislas order, set in diamonds.—*Times and Register.*

AN unheard-of offense brought Ernest Taffer, of New York, a lad of seventeen, into the policemen's hands. Three Italian women, of Mott street, charged him with coming to their tenement and, declaring that he was a doctor of the Board of Health, compelled them to submit to a physical examination.

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Vol. XXVIII.—No. 20.

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{ WHOLE VOLUME  
LXVII.

## CONTENTS.

### ADDRESS.

ADDRESS OF WELCOME. By N. P. Dandridge, M.D.,  
Cincinnati. 643

### ORIGINAL ARTICLES.

CONGENITAL ENCEPHALOCLE. By Orin S. Mills, M.D.,  
Cincinnati. 644

THE SOURCES OF INFECTION IN TYPHOID FEVER. By  
E. W. Mitchell, A.B., M.D., Cincinnati. 647

### CORRESPONDENCE.

THE MEDICAL PROFESSION IN POLITICS. By S. A. Cun-  
ningham, M.D., New Jasper, O. 652

### SOCIETY REPORTS.

ACADEMY OF MEDICINE.  
Meeting of May 2, 1892. 654

THE SOURCES OF INFECTION IN Typhoid Fever. 654

HIGHLAND COUNTY MEDICAL SOCIETY.  
Meeting of April 14, 1892. 655

PHILADELPHIA COUNTY MEDICAL SOCIETY.  
Meeting of March 23, 1892. 656

Obstructive Disease of the Lachrymal Passages and  
the Associated Intra-Nasal Lesions. By G. E. de  
Schweinitz, M.D., Philadelphia. 656

### TRANSLATIONS.

PARISIAN MEDICAL CHIT-CHAT. By T. C. M.  
How to Secure a Medical Practice while Young. 665

### TRANSLATIONS.

THERAPEUTIC NOTES. By F. H. Pritchard, M.D., Nor-  
walk, O.

Camphoric Acid in Phthisis and Cystitis.—Nitrate of  
Silver in Actinomycosis of the Skin and Soft parts.

—Local Application for Bruises, Black Eyes, etc.  
—Hemorrhage After Cocaine in Tonsillotomy and  
Extraction of Teeth. 666

A Specific for Scarlet Fever.—Coryza, Cephalalgia  
and Asthma. 667

### EDITORIAL.

PURE FOOD: A Congressional Bill to that Effect. 667

EDITORIAL NOTES: Dr. Amick and the Cincinnati College  
of Medicine and Surgery.—A Physicians' Bureau at  
the Chicago World's Fair.—The Ohio State Medical  
Society Meeting. 671

### SELECTIONS.

Action of Tuberculin on Rabbits.—Blackening of the  
Teeth by Antipyrine. 646

Ointments.—Counter Prescribing. 652

Operative Treatment of Hip-Disease. 653

A Curious Cause of Cataract. 655

Early Development of the Sexual Organs in a Child. 664

### MISCELLANY.

Report of the Health Department of Cincinnati. 672

Health Bulletin Ohio State Board of Health. 673

Systematic Reading for Dentists. 673

District of Columbia Medical Practice Bill. 674

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January 9th, 1892.

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Whole Volume LXVII.

## Address.

### ADDRESS OF WELCOME.

Delivered at the meeting of the Ohio State  
Medical Society, May 4, 1892,

BY

N. P. DANDRIDGE, M.D.,  
CINCINNATI.

*Mr. President and Gentlemen:*

It is with great pleasure that I extend to the members of the Ohio State Medical Society a most hearty welcome on the part of the profession of Cincinnati. More than twenty years have now elapsed since the Society has honored us with its presence, but these years have counted more in the momentous and wide-reaching changes they have brought than any century in the history of medicine before. These two decades have seen the burial of much of the old medicine and the development of most of the new.

During this time antiseptics and asepsis, with their immeasurable influence on operative work, have appeared above the medical horizon. The bacteriologists, with their culture-broths, their colonies and their ovens, have come among us. The laparotomist has developed into full flower. The pus-tube has been invented, and the appendix has thrust itself into recognition, even if it has not yet justified its *raison d'être*; while the septum and turbinated bones have grown so closely together that the galvano-cautery alone has been able to separate them.

Within twenty years we have seen the "rise and fall" of many a widely-accepted theory. Well sustained and conclusive demonstrations of the cause of disease have been followed by imma-

ture and futile therapeutic deductions, whose promulgation has been but the precursor of their downfall. With the rapid dissemination of knowledge new discoveries have been widespread at once, and often received with an enthusiasm and excitement that bordered on wild delirium, and which has only too often been followed by a revulsion equally illogical.

Within twenty years the work of the dispensing and compounding druggist has almost disappeared, and we have now pilules, parvules and peptonoids, tablets and triturations, and can easily carry in the vest pocket supplies which at that time would have stuffed out a pair of saddle-bags.

But who will say that in this almost wild and convulsive change, this giving up of the old and adopting of the new, with the many disappointments and failures, with immature deductions and uncertain inferences, that great and solid progress has not been made? A retrospect of twenty years lands us amid strange and unfamiliar surroundings. It is hard to recall the theories on which our deductions were based before we began to talk of the bacillus and pyogenic microbes, of ptomaines and chemotaxis, of immunity and phagocytes. Can we picture to ourselves the work of the surgeons before they were occupied with osteotomies, resection of ribs, or thyroidectomy, or busied themselves with nephrectomies, intestinal anastomoses, and gastro-enterostomies? Can we recall the armament of the physician when we had no antipyretics, no hyoscine, no nitroglycerine, sulfonal or menthol, and were without the long list of effective alkaloids?

Who can foresee and foretell where this wild progress is tending, where it will end, where we shall stand

"When this hurly-burly's done  
And the battle's lost or won?"

Does it not seem a century ago when we felt it was necessary to discuss the "antagonism of opium and belladonna," the merits of "chloral hydrate," and the use of the "ophthalmoscope and sphygmograph?" And yet these were the subjects of three of the papers at our meeting in '71.

But it is not my purpose to dwell upon a retrospect of the past, so bewildering and so amazing; but only to tell you of the pleasure your presence here to-day has given us, and to stretch out to you the hand of friendship and of welcome.

Your committee felt that the most acceptable greeting they could extend was to present you with a programme so full of the live and active questions of the day that you would feel that your time had been well spent, and that you would return better equipped for your professional work. This part of our work has been made easy by the ready coöperation of our friends throughout the State, and the forty-three papers which we lay before you is, we consider, the best measure of our success.

The pleasure of seeing the Society once more in Cincinnati is not, however, unmixed with sad reflections. Not a single name on the programme to-day is to be found among those who contributed work to the meeting of '71, and those of you who were here then will find many a gap in our ranks and miss many a notable and well-remembered figure, and you will all, I am sure, join with me in the expression of profound sorrow and regret that the marked personality that presided over our meeting of twenty years ago has been recently so bowed and impaired by the heavy hand of disease that he is no longer able to extend to you the cheery greeting which was never wanting while Dr. Dawson was an active spirit among us.

NEW YORK courts have decided that a physician taking charge of a patient is obliged to give his best skill, regardless of the question of fees.—*Cour. Med.*

## Original Articles.

### CONGENITAL ENCEPHALOCYCLE.

WITH A REPORT OF A CASE AND  
PRESENTATION OF SPECIMENS.

A Paper read before the Academy of Medicine, April 11, 1892,

BY

ORIN S. MILLS, M.D.,  
CINCINNATI.

On Friday night, March 18, 1892, at about eleven o'clock, I was called to see Mrs. P., aged thirty-six years, Irish descent, mother of two children, eldest a boy, aged three years, youngest a girl, aged one year nine months, both children healthy and well developed. Mrs. P. is a woman of good, medium height and development. She last menstruated the 1st of May, 1891. Up to within the last two or three months of her pregnancy she had enjoyed good health. On Christmas eve she slipped and fell on the sidewalk. Since then she has not felt well. About two months ago she had an attack of dysentery, and was quite sick for several days, but the disease yielded kindly to proper treatment. I had noticed for some time that she was extraordinarily large, and suspected that she might be going to have twins. However, it was merely a surmise, as I had made no examination. She herself affirmed that she "was ever so much larger than she had ever been before." Her two former labors had been natural, and she had passed through them safely, having no trouble of any kind. She told me that the pains before had been some time apart.

On going to the house I found her up and walking about the room. Had her go to bed and made an examination. Found the os dilated to about the size of a half dollar, vertex presentation, pains about twenty minutes apart, and not of long duration, or hard. I told her I thought it would be some time before I would be needed, and left word for them to call me when the pains got to be three minutes apart. They called me at 3 o'clock a.m., the husband saying



about three-quarters dilated, pain of fair intensity, and about ten or fifteen minutes apart. The pains were not regular, membranes still unruptured, everything seeming to be perfectly natural. Of course, there was nothing to do but sit down and wait. In the course of an hour or two, the os being almost fully dilated, I ruptured the membranes, and the amniotic fluid gushed out with considerable force. After a time the pains got harder, and the os became fully dilated. Even before the os may be fully dilated, while a pain is on, the obstetrician can, with two fingers in the vagina, with slight effort, push the anterior lip over the presenting head. I was unable to do this, and wondered why I could not do so. The descent of the head was very slow, and the pains toward the head very hard. A longer time elapsed between the pains during the whole labor than in any case I ever saw.

Labor terminated about 9 o'clock a.m. As the head came through I felt this ruptured sac that I present to your notice this evening. The baby seemed to be perfectly formed otherwise, and cried lustily after a few moments. The placenta and membranes I removed intact. The placenta felt harder than natural to the touch. The membranes and cord had an unhealthy color, a sort of yellowish-green. The uterus contracted down firmly, after-pains being quite severe. I ligated the cord in two places, as is the usual custom, cutting between. I am satisfied that I tied my ligatures as tight as I usually have done in former cases, and I never had to deal with a bleeding cord; but while the nurse was washing the child she said the cord was bleeding. On examination I found a slight oozing, and as a precautionary measure I applied another ligature, more tightly, which checked the bleeding.

On examining the tumor I found it attached by a good-sized pedicle to the occipital portion of the cranium to the left, and a little below the occipital protuberance. There was a small open-

sation in the pedicle. The baby was a male, well developed, a good-sized head, and should judge would weigh ten or eleven pounds. I told the father that the tumor would have to be removed, and he was perfectly willing that it should be done. There was no evidence of hydrocephalus. Dr. D. D. Bramble saw the case with me between one and two o'clock of the same day, and after a thorough examination he was of the same opinion as I, that the sac had better be removed. I was told by the women present that the cord had bled pretty freely after I had gone, and the child's clothes bore evidence of this fact; however, it had a good color. The nurse had put another ligature around the cord, and soon after this the bleeding stopped. We examined the cord and found that my ligatures were tight, but the last one applied was quite loose; although there was no hemorrhage, we ligated again.

It is a well-known fact that the nervous sensibility of a new-born babe is very slight, so, preparations having been made without administering an anæsthetic, Dr. Bramble with a few sweeps of the knife severed the pedicle an inch or so from the head. Hemorrhage was freer than we had anticipated, forceps having to be applied to two or three small vessels; no time was lost in controlling the hemorrhage, but before the operation was completed the baby was quite pale. Five sutures were used in closing the wound, and an antiseptic dressing applied. The patient seemed to be doing very well until the next morning about seven o'clock, when convulsions came on; these continued at irregular intervals up until twelve o'clock that night, when the little fellow died.

The amount of blood lost was not large, but in so young a subject, having previously bled from the cord, it was sufficient to make quite a serious impression, and I am inclined to believe that this was the indirect cause of death.

This case has been one of exceeding interest to me, having never encountered

closed the opening caused by rupture with hemostatic forceps, I filled the tumor with water. By careful measurement in its largest part, it is sixteen inches in circumference. Dr. Bramble said he had seen similar cases before, but that this was the largest tumor of the kind he had ever seen.

Lusk, under the head of "Abnormalities of the Fœtus which Offer an Obstruction to Delivery," speaks of congenital encephalocele as follows:

"This abnormality of the fetal cranium consists in the accumulation beneath the scalp of cephalic fluid, with or without an investment of meningeal or cerebral tissue. The sac containing the fluid is attached to the cranium by a pedicle of varying length and form. The aperture through which the fluid originally contained within the cranium finds exit may be produced by attenuation of the cranial bones attendant upon hydrocephalus, or may be due to arrested development. In some instances the encephalocele is found still communicating with the cranial cavity through its pedicle, but in others the latter is impervious. Encephaloceles vary in size from hardly perceptible sacs to tumors of larger circumference than the cranium itself. They may occupy any part of the periphery of the head, but are most frequent in the frontal and occipital regions. The head may itself be hydrocephalous or normal. The cause of the anomaly in question is not definitely known, but is inferred to be of an inflammatory nature. Encephalocele rarely obstructs delivery, because, their most frequent seat being in the frontal or occipital region, they are expelled either before or after the head. Their presence seems to determine nutritive changes in the cranial bones, whereby the latter, being rendered softer and more yielding, are more readily expelled. The amount of obstruction caused by encephalocele will reach its maximum when the size is large, the pedicle short, and the seat lateral; but simple puncture usually suffices to evacuate the sac and obviate further difficulty. The prognosis for both mother and child is far better than in cases of congenital hydrocephalus."

Regarding the treatment of these tumors, I will say that should I encounter another such case I would pass a needle armed with heavy silk through the centre of the pedicle, make a figure-of-8 knot, draw it tightly, then sever the sac below the ligature, following the same principle as in the removal of the uterine appendages. We would thus avoid all hemorrhage, which, I believe, is the most serious obstacle we have to contend with in operating on these cases.

#### ACTION OF TUBERCULIN IN RABBITS.

Prof. Doenitz, of Berlin, published in November (*Amer. Jour. of Ophthalmology*) the results of experiments in regard to the action of tuberculin upon the experimental eye tuberculosis of the rabbit. The conclusions are:

1. The tuberculin is a sure curative agent for the experimental tuberculosis of the eye of the rabbit.
2. The tuberculin shows its curative affect only after the tubercle can be demonstrated.
3. The first effect of the tuberculin is a transient, but severe irritation of the eye.
4. Under the continuous action of the tuberculin, all irritation of the eye subsides.
5. When, before beginning of the treatment, deep-reaching destructive processes have not occurred, the cure results in retention of the visual functions of the eye, otherwise atrophy results.

#### BLACKENING OF THE TEETH BY ANTIPYRINE.

It is asserted that the internal use of antipyrine blackens the teeth; this peculiarity should be generally known by the profession, and also among the laity, that objections may be made on this ground to taking it as a remedy. The blackening is the more intense, the more imperfect the enamel, but may be removed by attrition with dilute acid. The considerable use of antipyrine for several years back, gives importance to this latter observation.—*Southern Dental Journal*.

A Paper read before the Academy of Medicine, May 2, 1892,

BY

E. W. MITCHELL, A.B., M.D.,  
CINCINNATI.

To us now it seems astonishing that not until near the middle of the present century were the continued fevers clearly distinguished from each other. It was in 1846 that Wm. Jenner made his thorough analysis of over two thousand cases at the London Fever Hospital, and clearly pointed out the non-identity of typhoid, typhus and relapsing fever. It was four or five years more before his views were generally adopted.<sup>(1)</sup> Our own country was in advance of England on this subject. Gerhard and Pennick, of Philadelphia, in 1837, pointed out clearly that typhoid and typhus were distinct diseases. During the first thirty years of the century much work had been done in clearing up the obscurity, especially in France, by Bretonneau, Petit and Sevrès, Louis and Chomel.

For some time after the distinction was recognized it was taught (the contagiousness of typhus being so evident) that typhoid was not an infectious disease. A little later such authors as Watson, Aitkin and Flint taught that, although not highly contagious, it was at times communicated from person to person, and examples of such communication were cited. Further studies showed that very often the infection could be traced to the drinking-water, and that the supposed instances of immediate contagion could be much more readily reconciled with the facts by supposing a common source of infection from water or air. It was proven, too,

of infection through a contaminated water-supply.<sup>(1)</sup>

For two decades past it has been almost universally accepted that the disease is not contagious from person to person; that the germs are given off from the patient only through the feces and urine, and that only by being diffused thence into the atmosphere, food or drink do they reach another victim. The last number of the *Journal of the American Medical Association* (April 9) brings the information that a Dr. Sicard, of Beziers, has reported to the Paris Academy of Medicine his series of original investigations regarding the spread of typhoid fever through the atmosphere. He had his typhoid patients breathe through tubes into sterilized water. This water was frequently found to yield the characteristic bacillus. Should these observations be confirmed we shall be obliged to admit the *possibility* of immediate contagion. The rarity of infection from inhaling the breath of typhoid patients may then be explained by supposing that the germ as thus exhaled is not virulent, as is now believed with reference to those given off with the excrements, that it must undergo some further change outside the body before becoming virulent. Or it may be explained by supposing that, since to induce the disease it must reach the intestinal tract, the bacilli are exhaled in relatively small numbers; of those inhaled most are deposited upon the respiratory tract, and too few swallowed to set up the disease, even in a susceptible subject.

Murchison was the champion of the view that typhoid may arise from decomposing filth independently of the presence of a specific poison.<sup>(1)</sup> The demonstration of the Koch-Eberth bac-

be produced by different germs which are found in decomposing fecal matter.<sup>(1)</sup> He has found two germs in water which, under ordinary circumstances, are readily distinguishable from the Koch-Eberth bacillus, but which, cultivated under certain conditions, are so modified that they could not be distinguished from it.

Rodet and Roux have apparently shown that the typhoid bacillus is but a modification of the *bacillus coli commune*.<sup>(2)</sup> In view of these investigations it has been assumed that outside of the body the *bacillus coli commune* may undergo changes which make it virulent when again ingested, or that if it should leave its normal habitat in the colon and migrate into the small intestine it may there find such conditions of growth as to become virulent.

The clinical evidence is very strong that while filth and filthy surroundings greatly favor the disease, it does not originate it unless the *specific* poison of the disease be present.

The clinical evidence that the drinking-water is by far the most common carrier of the infection is overwhelming. As early as 1762 Roederer and his pupil, Wagler, made the observation that some of the prevailing fevers had their origin in the drinking-water. "Helcher, a practicing physician in Schweidnitz, and the precursor of the ground-water theory of Pettenkofer, in 1714, associated the condition of the water with epidemics."<sup>(3)</sup>

In numerous instances the bacillus of Eberth has been found in suspected water. That it has not always been found when suspected and searched for is not surprising, considering the difficulties of the bacteriological examination. It can scarcely be doubted that if an uncontaminated water-supply could be universally secured typhoid would speedily become as rare a disease as typhus now is, and ultimately extinct.

Von Pettenkofer still maintains his theory, in which he is almost alone, that the germs vegetate in the soil, are diffused into the atmosphere, and that the prevalence of typhoid has a direct relationship to the height of the ground-water. From a study of the history of the disease in Munich he shows very clearly the enormous decrease following the cementing of vaults and construction of sewers.<sup>(1)</sup>

Other observers point out that the greatest decrease followed an improved water-supply. In Berlin it has been shown that those most exposed to the emanations of the soil are not those most subject to typhoid.

Pettenkofer perhaps does not give sufficient credit to the drinking water, nor the others sufficient importance to the improved drainage. Certain it is that the two together have almost banished this disease from Munich, where formerly it was frightfully prevalent.

The water-supply of most cities comes from rivers which are polluted to a greater or less extent by sewage, and thus the disease is perpetuated; for there is no year nor month in which there is not a greater or less number of cases of typhoid to be found in every city. When once introduced into a country community it usually is more severe, and attacks a greater percentage of the population, because of the custom of using wells and springs located near the dwellings and privies, which soon become contaminated, and hold the poison in greater concentration than river water. It has been shown in the laboratory that the bacillus resists an extremely low temperature, and Dr. T. J. Mitchell Prudden has shown that ice from infected water may carry the germs of the disease.

We have already spoken of the contamination of the air by the patient's breath. That the atmosphere may become contaminated by the dried typhoid excrement being diffused in it, or by typhoid excrement decomposing in confined spaces, can not be doubted.

1 *Medical News*, August 16, 1890, "Some New Bacterial Poisons."

2 "Comptes Rendus Hebdomadaires des Séances de la Société de Biologie," *Medical News*, March 20, 1890.

3 Baas's "History of Medicine," translated by Henderson, p. 728.

1 "Münchner Neueste Nachrichten," 1889; *Med. Press and Circular*, 1889.

more important as a predisposing cause, by its effects in lowering the vital forces of those breathing it and thus rendering them susceptible to the virus when introduced in food or drink, than as a vehicle of the germs.

Uncooked food may no doubt be a vehicle for the germs. It may become infected by being washed in contaminated water or exposed to a contaminated atmosphere, or being handled by unclean hands.

There were formerly current in medical literature examples of the disease caused by eating decayed meat, notably the epidemic of Andelfingen, in 1839, and at Kloten, near Zürich, in 1878.<sup>(1)</sup> The former was investigated by Liebermeister, and conclusively shown not to have been typhoid.<sup>(2)</sup> Of the other it has been shown that part of the cases were cases of gastro-enteritis. As to those which were typhoid, the evidence was not conclusive that the infection was in the meat.

Numerous outbreaks have been clearly shown to be due to infected milk. Ernest Hart has collected reports of fifty outbreaks traceable to milk infection.<sup>(3)</sup>

The following examples of probable infection by milk came under my observation.

February 24, 1891, I was called to see one of the drivers employed at a dairy, about a mile beyond Avondale, from which my own family had been for several weeks obtaining our milk-supply. I found a young man with all the symptoms of the first week of typhoid, and ordered him removed to the Good Samaritan Hospital, where he went through a typical attack. In the same room with this young man was another, who was being attended by a physician from the city. I took the liberty, under the circumstances, of examining him sufficiently to determine that he had typhoid. He had a tem-

was informed that two women had been sick in the house with similar symptoms, one having been first attacked four or five weeks previously.

The same morning of this visit my friend and neighbor, Dr. Langdon, had seen with me two lady members of my own household who had been complaining of general malaise for a few days, and we had nearly reached the conclusion that they were developing typhoid. This suspicion proved correct, both soon developing characteristic symptoms of the disease, and running a course of three weeks. A little later my son, four and a half years of age, had an attack of fever, with moderate diarrhœa, some tenderness and swelling of the abdomen, an evening temperature of 103° F., which lasted about three weeks. It was, no doubt, typhoid. He, like the ladies mentioned, had drunk freely of milk from this dairy. My oldest son had for a long time had a fancy for drinking his milk boiled, which had been gratified. The third, two years of age, had been given milk from an entirely different source, obtained especially for him.

Upon reporting the occurrence to the Health Officer, he remarked that the proprietor of this dairy had twice been arrested and fined for diluting his milk. He at once sent an inspector to see that proper precautions were taken against further spread of the disease.

Dr. G. M. Allen informs me that he had three typhoid patients about this same time who had been supplied with milk from the same dairy. The first of the three proved fatal after an illness of six or seven weeks. The same milk had been continued after the beginning of the fever, not being suspected, until in conversation with Dr. Langdon he had learned of the supposed origin of the disease in my household.

From March 3 to April 7 I attended G. H., of Avondale, six years of age, who had drunk freely of this same milk. Other members of the same household had not been milk-drinkers.

I also learned of one other case in Avondale in a family supplied by this

1 Wilson, *op. cit.*, p. 134.

2 Zeimssen, "Cyclopædia of Practice of Medicine," Vol. I, p. 50.

3 "Proceedings of the Seventh International Medical Congress," Vol. IV, p. 391.

able to learn of other cases.

At the dairy referred to the stable was situated about one hundred and fifty yards from the house, and on a much lower level. A well near the stable was used for washing cans, and sometimes for drinking-water by the men. The water-supply for the family was obtained from a cistern near the house, one hundred feet from the vault and on about the same level. The appearance of the premises and of the occupants did not indicate that any great care would be exercised in the disposal of excreta. The two sick men were cared for by men who also did milking. I may add that shortly afterward this farm was abandoned as a dairy for several months. The next occupant had the cisterns thoroughly cleaned.

Milk usually becomes contaminated by infected water, with which the cans are washed or with which it is purposely diluted. It is imaginable that at times it may absorb germs from a contaminated atmosphere. Whether cows may have the disease and excrete the germs through the milk is doubtful. It is not yet proven that the lower animals have true typhoid. Many attempts to produce it by inoculation have been made, with a rare apparent success. One of our members, Dr. Rachford, in a valuable communication made to the Academy, September 30, 1889, reported one rabbit of a series of ten inoculated as dying with symptoms of typhoid and showing lesions fairly characteristic on post-mortem.<sup>(1)</sup> Huguenin believed that the cattle of Switzerland often had typhoid.<sup>(2)</sup> In 1885 Semmer reported typhoid in three dogs and a horse, in which the lesions were well marked. Dr. Roberts, in the *Indian Medical Gazette* (June, 1889), reports lesions occurring in dogs resembling typhoid in the human.<sup>(3)</sup>

Another possible source of contamination of the milk is suggested by Dr.

which, though not setting up the disease in her, may be cast off in her feces. The chance they then have to get into the milk is fully realized by any one who has seen the amount of dung separated in straining milk.

To quote again from this valuable paper of Dr. Edson's, he gives the following as the causes of the disease in their order: (1) Infected water; (2) infected milk; (3) infected ice; (4) digital infection; (5) infected meat.

Typhoid is one of the most common of diseases. Hundreds of lives, in the prime and vigor of life, succumb yearly to its ravages. To hundreds more it brings many weeks of suffering, heavy burdens of care to their families, vast outlays of money in meeting the expenses of a long illness, many months' loss of time, wages and production. In the face of all this, it is the most preventable of the infectious diseases. Cleanliness of patient and attendant, efficient disinfection of dejecta, clothing and bedding (perhaps also of sputa, as germs are said to be also found therein), and as prophylaxis, avoiding well-water, ice-water, river-water not filtered or boiled, unboiled milk, eating unclean food or with unclean hands—all these measures rigidly carried out would practically banish the disease.

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2 Willson, *op. cit.*, p. 134.

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 PRINGLE: *Ibid.*, 111-132.  
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 DU MESNIL: *Ann. d'hyg.*, Paris, 1881, 35,  
 xxvi, 138-151.  
 BROWN: *Tr. Illinois Med. Soc.*, Chicago,  
 1891, xli, 145-148.  
 RAFTER: *Proc. Rochester Acad. Sc.*, 1889-  
 90, i, 65-86.

[FOR DISCUSSION SEE P. 654.]

#### OINTMENTS.

Dr. Wende (*Buff. Med. and Surg. Jour.*, January, 1892) lays down the following essentials for a good ointment basis:

1. *Proper Consistence.*—It must be soft, smooth, and pliable, readily admitting of a uniform application.

2. *Homogeneity.*—It must be perfectly homogeneous, free from grittiness and irritating bodies.

3. *Durability.*—It must not show a tendency to change its physical and chemical peculiarities on exposure or long keeping.

4. *Miscibility.*—It must be capable of easily receiving the ingredients to be combined or incorporated.

5. *Power of Imbibition.*—It must be capable of absorbing liquids, especially water.

6. *Limitations of Temperature.*—It must have a melting-point somewhat higher than the temperature of the body. It must not liquefy.

7. *Inability to produce Irritation.*—It must be perfectly bland and neutral in reaction.—*N. Y. Med. Journal.*

**COUNTER PRESCRIBING.**—An unfortunate case has occurred in Detroit, where a druggist prescribed in a case of diphtheria. The case was never diagnosed as such and the patient died. The corner's jury has very properly directed the attention of the prosecuting attorney to the case.

## Correspondence.

### THE MEDICAL PROFESSION IN POLITICS.

NEW JASPER, OHIO, }  
 May 2, 1892. }

*Editors Lancet-Clinic:*

Within the last few months a great deal has been said along the line of medical legislation; never before has the profession been so awake to its needs and interests, and never before have the different schools made such liberal concessions. Believing in the old maxim, that in unity there is strength, the forces were united in the hope of securing what the medical profession has always been denied, viz., a law to remove a stigma from the practice of medicine by blotting out the sharks and charlatans from among its ranks.

But, alas! how utterly have they failed! Their efforts were treated not only with gross neglect, but added insult by Ohio's brilliant and gifted legislators.

It is said there is never an effect without a cause. Very naturally, after the smoke of battle has cleared away, we turn to seek the cause of our easy defeat, and find it only too apparent. The battle was only a sham. The forces were all marshalled on one side. We were in a position to ask as the beggar asks for a pittance of bread, not because we have any claim on their stores, but for simple charity's sake. Not so with those who accomplished the defeat of our interests. Their relation toward those in power had been of such a nature that they were in a position not only to ask, but to demand.

In short, they have been in politics, we have not. They are reaping the reward of industry, we the wages of indolence and cowardice. I beg you, stop a moment and take a retrospective view of your political life. How active have you been? What have you done to secure the election of men suited to the office and your interests? Have you not been guilty not only of carelessness, but of actual indifference? Yes.



your way, you gently tap him on the shoulder and beg that he will not require anything of you, for you are not in politics. When your student comes home from college a full-fledged M.D. and is about to locate, your last and most emphatic charge is, "Doctor, keep out of politics." When the polls are open on election day, if you vote at all it must be early in the morning or late in the evening, when there are few to see you soil your hands with a ballot. You must take care and give everybody to understand that you don't care whether there is free trade or tariff, limited or unlimited coinage of silver. Hence it don't make any difference how fair or honest a bill you may desire to be enacted, it will meet with defeat, for you go to your legislative friend now in power not as a constituent, but as a common beggar, for he remembers you told him you were out of politics. If this be the true state of affairs, don't grumble about country newspaper editors and patent medicine vendors thwarting your honest endeavors. You deserve the treatment received; it is your just reward for indolence, for striving to be what the world calls a nonentity. You must reap as you have sown. Your brother editor and druggist has been in the field contributing his part toward securing law-makers who will listen to his needs as a citizen, and it is no more than just and right that he should be heard in preference to one who has no ax to grind. Cowards have few to champion their causes. I long to see the day when the physicians of Ohio as a body will recognize the fact that they are free American citizens, with all the rights and privileges of a citizen, and are not afraid to exercise their franchise right as other men. It cannot detract one iota from the dignity of the profession, but, on the contrary, the casting of a ballot by

in every State we have a just and honest law regulating the practice of medicine, when in every house and senate there are a goodly number of M.D.'s, and when in the President's Cabinet there is a medical man to take a part in directing the great ship of State, then it will be that the most timid need not beg to say he is not in politics.

S. A. CUNNINGHAM, M.D.

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#### OPERATIVE TREATMENT OF HIP-DISEASE.

Ferria (*Centralbl. f. Chir.*, No. 6, 1892) describes a method of treating tuberculous disease of the hip which has recently been practiced by Caponotto, of Turin, with good results. In the treatment of tuberculosis of this joint by injections of iodoform, the conditions are not so favorable as in disease of some other joints, particularly the knee and wrist. It is not always easy to puncture the hip, and the anatomical conditions of this joint prevent sufficient diffusion of the injected fluid. In order to afford free access of the antituberculous agent to all parts of the diseased hip, Caponotto opens the joint and removes part of the head of the femur. This is done by making an incision about three inches in length, carried from the top of the great trochanter towards the postero-inferior spine of the ilium, and by cutting through the muscles and the capsule onto the head of the femur, about two-thirds of which he then removes with hammer and chisel, whether the bone be diseased or healthy. Sufficient space is thus established between the opposed bones of the joint to permit of removal of diseased synovial membrane, and also of any sequestra or tuberculous deposits in osseous structure, and of subsequent distension of the whole of the diseased articular cavity by injected fluid. After this cavity has

## Society Reports.

### ACADEMY OF MEDICINE.

#### OFFICIAL REPORT.

*Meeting of May 2, 1892.*

The President, G. A. FACKLER, M.D.,  
in the Chair.

T. V. FITZPATRICK, M.D., Secretary.

DR. E. W. MITCHELL read a paper on

*The Sources of Infection in Typhoid  
Fever* (see p. 647).

#### DISCUSSION.

DR. J. L. CLEVELAND:

Typhoid fever is a subject with which we are all interested. In regard to the paper, I must say I feel obliged to the essayist for bringing up several points on the subject of typhoid fever which I had never observed. I have never had the fortune to trace the possible infection in a single case, but the condition of our dairies alone, which I have often noticed, would lead one to believe that the disease might be propagated in this way. As to our drinking-water, it is difficult to state whether the disease arises chiefly from that source.

There is no epidemic at present, but there are sporadic cases in the city all the year round. The disease is more common in the fall than at any other time of the year. I was asked whether I thought the disease might be propagated through the ground. I have seen one or two cases which I think might have been derived in that way. Most of the cases we see in general practice we know little or nothing about, and the origin of these cases is very often attributed to the same causes—drinking-water and adulterated milk. Typhoid fever is said to be a "filth disease," and that it is a disgrace to be stricken with it. It is possible that in the future typhoid fever may be just as preventable as small-pox is at present.

There is one point I would very much like to hear discussed, and that is in reference to filters. Do they really purify? We all know well enough that

clear water is not *clean* water, and the idea has always, in my mind, been associated with typhoid. I am impressed with the fact that, although the water has passed through the filter and is perfectly clear, it still may be infected with the typhoid poison.

DR. S. C. AYRES:

The statement that typhoid fever may be derived from the ground recalls to my mind a kind of epidemic occurring in a school while I was living at Ft. Wayne. There were about thirty or forty cases, the disease not only attacking the students, but several of the professors as well. An addition was being built to the institution, and the foundations were being put down when the disease spread over the entire building, and the cause was attributed to emanations from the ground. It is highly probable, though, that the disease was derived from the drinking-water as well, for I know that all the water was procured from a well near by.

In reference to the filter, I would say that, if it does not kill the germs, it at least clears the water of the other equally injurious substances. I have for several years used the Pasteur filter in my own home, and would not be without one. I had a case typhoid fever in my own family about three years ago. How it was contracted I am unable to say.

DR. W. S. TINGLEY:

While the gentlemen get ready to make large speeches, I will make a short one. I wish to speak of the use of cistern-water. In about two years a family living in Dayton, O., have had four cases of typhoid fever. This family procured their water from a cistern situated about four feet from the house. Since the occurrence of these cases the man has been urged to introduce the use of hydrant water from the city water-works. Now, the question in my mind is, "If the hydrant-water is infected with the germ of typhoid fever, where is the point of safety in prohibiting the use of cistern-water?"

DR. EDWIN RICKETTS:

It is claimed by some bacteriologists that typhoid fever cannot be contracted

very much contradicts this statement.

About seventy-five miles east of Huntington, W. Va., on the C. & O. Railroad, is a small province situated on a plateau. All the hands employed on these grounds reside in houses of an uniform character. An accidental discharge of a gun killed one of the negroes, and his remains were interred in the grounds next to the building which served the purpose of both school and church. The ground was so limited that it had to be used in a most economical manner. A short while (two or three weeks) after another man was accidentally killed, and, in order to economize in ground space, his grave was dug very close to the first one. In digging the second grave the first one caved in. From this there issued a most unbearable stench. In less than two weeks after this occurrence there were at least thirty-six cases of typhoid fever, occurring in persons that had attended the last burial. There were the rose-colored spots, diarrhoea, headache, rise of temperature, and all the usual symptoms accompanying the disease. All these cases were treated by two competent physicians, who have treated many cases of this disease.

This, to my mind, is one of the most interesting freaks I have ever known, showing how typhoid fever may be originated.

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#### A CURIOUS CAUSE OF CATARACT.

A woman fifty years of age, with fully developed cataract in the left eye, entered into conversation with a student in one of the classes of Louisville. She dated her failure of vision from the birth of her last child. A casual examination was made: he thought quick and hard: a few mental evolutions and a remark somewhat revealed to this

#### SOCIETY.

##### OFFICIAL REPORT.

*Meeting of April 14, 1892.*

The President, W. W. SHEPHERD, M.D.,  
in the Chair.

S. G. SAMS, M.D., Secretary.

##### HILLSBORO, OHIO.

This being the annual meeting, and the election of new officers to be made, the Society voted to devote the forenoon session to the election and appointments, which resulted as follows:

*President*—Dr. H. A. Russ.

*Vice-President*—Dr. Roberts.

*Recording Secretary*—Dr. S. G. Sams.

*Corresponding Secretary*—Dr. A. H. Beam.

*Treasurer*—Dr. S. J. Spees.

*Board of Censors*—Drs. Duvall, Shepherd and Glenn.

*Committee on Admission*—Drs. Beam, Glenn and Roberts.

*Committee on Publication*—Drs. Spees, Shepherd and Sams.

*Committee on Programme*—Drs. Glenn, Duvall and Shepherd.

*Delegates to State Medical Society*—Drs. Shepherd, Glenn and Duvall.

The Society then adjourned to meet at 1 o'clock sharp.

The Society met as per adjournment, with the new President in the Chair.

First on the programme was a verbal report of a case of ax-cut on the top of the foot, reported by Dr. Duvall, with remarks on the case by Drs. Glenn, Shepherd and others. Dr. Glenn followed with a report of a case of injury of the metacarpal portion of the hand, which was followed by a paper on "Dysentery with Typhoid Fever—Its Causes, Treatment, etc.," by Dr. S. J. Spees (the oldest member of the Society, and one of its founders), which was well rendered and very characteristic of the Doctor in its thoroughness.

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continued because of the malposition of the turbinated bone. Indeed, this obstruction sometimes exists only in the form of a small flap of mucous membrane, which closes the entrance of the duct into the inferior meatus very much as a valve would do. This effectually prevents the drainage of the eye, and unless it is removed good results will not follow. In this particular instance it was very easy to see the obstruction by first passing a probe and then exposing the entrance of the duct into the meatus by means of a nasal speculum—a slight precaution which will often lead to the discovery of the cause of a persistent overflow of tears in spite of apparent permeability of the passages.

CASE II.—*Catarrhal dacryocystitis; bands of adhesion from the inferior turbinated body to the septum.*—Ella H., aged twenty-eight years, reported for treatment at the Philadelphia Polyclinic, October 24, 1891, on account of an inflammation of the right eye, which had existed for several days. There was a small abscess at the inner margin of the lower lid, with a fistulous communication into the lachrymal sac. A free muco-purulent secretion distended the sac in the form of an ordinary mucocele. The canaliculus had been slit at some previous time, but a probe did not pass readily.

She was referred to the throat department, and examined by Drs. Arthur Watson and Walter Freeman, who reported as follows: "Atrophy of both inferior turbinates; unable to obtain a posterior view; former ulceration of the posterior wall of the pharynx; bands of adhesion from the inferior turbinates to the septum; also one from the middle turbinate to the septum on the right side."

Even in the absence of definite his-

the passage of probes, the secretion and the epiphora having materially lessened.<sup>(1)</sup>

This case, it seems, illustrates the ordinary intra-nasal lesions which were evidently at the bottom of the lachrymal trouble, and is further interesting because these lesions gave confirmatory evidence of the syphilitic condition, so much so that relief was facilitated by the proper constitutional remedies.

CASE III.—*Lachrymal abscess; spur on the septum opposite the middle turbinated bone; chronic pharyngitis.*—Sarah S., aged forty-five years, reported for treatment at the Philadelphia Polyclinic, November 24, 1891. In April, 1891, epiphora began in the left eye, for which she seems to have undergone no treatment. It continued until about one week ago, when suppuration of the lachrymal sac took place. When she presented herself there was a very marked lachrymal abscess. The pus was evacuated by an external incision, the sac freely irrigated with an antiseptic fluid, and the patient referred to Drs. Watson and Freeman for an examination.

They reported as follows: "On the left side there is a spur on the septum opposite the middle turbinated bone; also hypertrophy of the tissues. The turbinates are small. There is chronic pharyngitis, a thick phlegm covering the tissues."

Unfortunately this patient has failed to report with any regularity, and the ultimate result cannot be given. This example illustrates the course of so many of these cases, namely, a chronic pharyngitis and hypertrophy and inflammation of the intra-nasal mucous membrane; involvement of the lachrymo-nasal duct; epiphora, owing to an obstruction primarily from swelling of the mucous membrane, and later from the formation of a positive stricture. Under

lachrymal sac, become infective, an abscess forms, and the condition which has been described results.

CASE IV.—*Epiphora; atrophic catarrh*.—Jane C., aged sixty years, reported for treatment at the Philadelphia Polyclinic, November 14, 1891, complaining of pain in her eyes, constant epiphora, and inability to read on this account. There was considerable hypermetropia and some astigmatism, and, as epiphora is frequently caused by the strain of uncorrected ametropia, proper glasses were ordered, but the overflow of tears continued. Both canaliculi were then slit. There was narrowing of the ducts, but no stricture, and probe and fluids passed readily. The epiphora improved, but did not disappear.

She was referred to the department, and the following report was received: "There is an atrophic condition on both sides, and a spur on the septum on the right side near the opening of the lachrymal duct, but it does not interfere. The closure is probably due to contraction from atrophic changes."

This is a good example of a very common condition, most frequent in elderly people, where there is neither disease of the sac, stricture of the duct, nor pressure from a spur or hypertrophy of the turbinated bodies, but where the obstruction depends upon contraction from atrophic changes.

CASE V. — *Phlegmonous dacryocystitis; deflection of the septum; spur on the left side pressing on the inferior turbinated bone*.—Matthew L., aged twenty-seven years, presented himself for treatment on account of an extensive lachrymal abscess with a small opening and widespread infiltration of the tissues, producing a large swelling involving the lower lid and cheek. The abscess was incised, the pus cavity freely washed out, and an antiseptic dressing applied. In a day or two the swelling had subsided, and nothing remained but a slight brawniness of the tissues and a fistulous opening at the point of incision. The canaliculus was slit, but all efforts to introduce the probe proved futile. The patient had been much exposed to weather; had a history of an old injury, but denied syphilis. The obstruction to

the tear passages had existed since the early fall.

He was referred to the throat department, and the following report was received: "The septum is irregularly deviated in front; there is a spur on the left side pressing on the inferior turbinated body, which also contains an ulcer in its anterior portion."

He was warned that "catching cold," which would increase the nasal obstruction, would certainly bring about a relapse of the abscess. He went to work, however, and returned a few days afterward with all of the lesions previously described in a very much more aggravated state. The same treatment was instituted, and he was again referred to the throat department, and on the 23d of February the hypertrophy on the left side was removed. On the same day a probe was passed, and since this time its passage has been repeated. Epiphora still continues, but is decreasing day by day.

This example illustrates the mechanism of relapse in many of the tear-passages cases, in this instance producing a very serious phlegmonous inflammation. Under treatment and rest sufficient drainage takes place to produce amelioration of the symptoms; then swelling from congestion, owing to exposure, is added to the organic obstruction already present, producing complete closure with an exacerbation such as has been detailed.

CASE VI.—*Stricture of the nasal duct; moderate hypertrophy of the inferior turbinate on the left side and a spur on the right side*.—Bridget R., aged fifty years, applied for treatment to the throat department of the Philadelphia Polyclinic, and the following lesions were found: A moderate amount of hypertrophy of the left inferior turbinate near the nasal duct, and a spur on the septum of the right side close to but not obstructing the opening of the duct. With these lesions there were epiphora, most marked in O. D., and slight lachrymal conjunctivitis. She had not been able for a number of months to use her eyes with any comfort. She was referred by Drs. Watson and Freeman to the eye department. The canali-

Bowman's probe was passed without difficulty.

It is evident that although there were lesions in the nasal passages, they were not obstructing the duct, but under the influence of the chronic nasal inflammation a stricture had formed in the lachrymal canal.

CASE VII.—*Epiphora from swelling of the mucous membrane of the lachrymo-nasal duct; atrophic rhinitis.*—A. K., an unmarried woman, aged twenty-six years, was referred to me by Dr. Ralph W. Seiss, on account of epiphora of the right eye, which had persisted for some time in spite of the nasal treatment. There was no swelling of the lachrymal sac; no catarrhal or purulent secretion, but simply an overflow of tears. The general health was good, the eyes not far from emmetropic, and there was neither asthenopia nor headache.

Dr. Seiss has kindly furnished the following report of the nasal lesions: "Atrophic rhinitis presenting the ordinary appearance of tissue-destruction, combined with some odor and much secondary laryngo-bronchitis."

The canaliculus was slit, and a No. 3 Bowman's probe was passed without meeting a stricture, but with a resistance to its passage which is characteristic of obstruction from swelling of the mucous membrane. After the passage of this probe the duct was irrigated on several successive days with a solution of boracic acid and common salt without, however, passing the canula into the duct. The fluid trickled readily through the nose. The epiphora stopped after a few treatments, and has never returned, although many months have gone by since she originally reported.

This patient represents a common class of cases of epiphora associated with chronic inflammation of the nasopharynx. A somewhat similar inflammation occurs in the nasal duct, but does not produce a true stricture; the occlu-

especially from Dr. Risley, by obeying the principle which he was wont to instil not to be too ready to pass probes and canulas, lest their introduction scrape away some of the mucous membrane, and really do more harm than good. It is unnecessary to do more than medicate the swollen mucous membrane with any solution that is suitable; I like boracic acid and common salt very much.

Many more cases might be quoted, but these seven representatives of various classes are sufficient to illustrate the points which I desire to make:

1. A large class of cases exists characterized chiefly by epiphora without catarrhal or purulent secretion, in which the obstruction in the lachrymo-nasal duct depends upon swelling of its mucous membrane, and not upon true stricture. The primary origin of these cases in the great majority of instances is a chronic or subacute post-nasal catarrh. The evident indication is the treatment of the latter condition and the medication of the swollen mucous membrane of the lachrymo-nasal duct, so that it may regain as nearly as possible its natural condition, which it will do without much instrumental interference—an interference that may of itself, if unskillfully performed, be the cause of a cicatrizing band that never originally existed. Case VII of the series illustrates this class.

2. The life history, if I may so express myself, of many cases of obstructive disease of the lachrymo-nasal duct and the formation of a lachrymal abscess is illustrated by Cases III and VI. First, a chronic pharyngitis occurs; later, hypertrophy and inflammation of the intra-nasal mucous membrane, followed by swelling of the lining tissue of the lachrymal duct. Gradually cicatricial changes arise, and a true stricture is formed. The drainage of the conjunc-

occurs.

3. A number of cases develop, chiefly in old people, in which there is epiphora, again without the presence of pus or muco-pus, depending upon obstruction in the lachrymal duct from atrophic changes, the whole being part of a similar atrophic process in the intra-nasal passages, and generally described under the term atrophic catarrh. The obstruction in these instances is not from swelling, not from stricture, but from contraction. Case IV of the series is an example.

4. A very common cause of an exacerbation of lachrymal disease is due to the pressure of a hypertrophic turbinated body, or similar intra-nasal obstruction, which under treatment has gradually subsided, but which, owing to exposure, swells up again, and exercises its obstructing influence. At once there is occlusion of the lachrymal passages and recrudescence of the symptoms. The very serious nature of such cases is illustrated in case V of the series.

5. In every case of local disease the physician should be mindful of constitutional causes; the value of confirmatory evidence by pharyngeal and intra-nasal examination is illustrated in Case II, an example of constitutional syphilis. Local treatment may be very necessary; local treatment without general medication is ineffectual.

6. Finally, I come to the class of cases in which there exists an obstruction at the intra-nasal end of the duct (it may be trivial), permeable by the fluids used in a syringe, but an impassable barrier to the outflow of tears. Even the slightest obstruction, under these circumstances, may defeat the most classical treatment of lachrymal disease. The ready detection of such a lesion is illustrated in case I of the series.

It has not been my intention this evening to refer to what are the best means of treating lachrymal disease, except in so far as these are implied by the descriptions of the lesions which existed in the examples I have reported. Whether we believe that small or large

that the probes should not be used at all; whether we are the advocates of this or that antiseptic and astringent fluid; whether we think that strictures should be incised or should not be incised, or whether we believe in the permanent wearing of styles or canulas, it is evident that the rational treatment of certain types of obstructive lachrymo-nasal disease must also include not alone the ordinary intra-nasal treatment with sprays and powders, but a systematic and thorough examination of the naso-pharynx, and, if necessary, the best operative interference known to intra-nasal surgery.

#### DISCUSSION.

DR. EDWARD JACKSON:

I have very little to add to this paper. We are not in a position to generalize widely on this subject or determine how many cases, or what proportion of cases, belong to that group in which the obstruction comes originally from the nasal chambers. Certainly I have not studied enough of these cases to go further than to simply consider individual instances and study the lessons that they seem to teach. A case that comes now to mind is one that was treated some years ago at the Polyclinic for lachrymal obstruction. He recovered, or at least got into such a good condition that he ceased to attend. Within a few months he returned to the clinic with a renewal of his epiphora, and on passing a probe I found no obstruction until the lower end of the duct was reached. There the obstruction was very noticeable, although no great difficulty was experienced in passing the probe. He was referred to the nose and throat department, and there was found a cicatrix involving the lower end of the duct. Whether this cicatrix was connected with the former treatment, or whether it resulted from the original nasal lesion, I am not prepared to say. Its removal certainly removed the obstruction to the flow of tears.

I recall two cases in which the thickening of the mucous membrane at the opening of the duct into the nose was the sole cause of the epiphora.



obstruction has been seated at one end of the canal. I do not think that it is always, and perhaps not in the majority of cases, that the trouble begins at the lower end of the canal coming from the nasal chambers. Frequently it commences with the puncta. Some of the obstinate cases that have come to me with a history of slitting up of the canaliculi, and long-continued treatment with probes without permanent benefit, have shown a grave error in the position of the incision into the canaliculus. Instead of on the conjunctival surface, the cut has been made on the upper edge of the lid, so that the tears could not get into the passage until they ran over the edge of the lid. These cases are liable to a return of the acute trouble, for if the normal flow of the fluid through the lachrymal sac and duct is not sustained, micrococci which enter find the conditions most favorable for free development and the setting up of pathological processes.

DR. SAMUEL D. RISLEY:

The facts which Dr. de Schweinitz has set forth in this admirably reported group of cases are of great practical importance, both to the ophthalmologist and those who treat the diseases of the naso-pharynx. The conditions so aptly described suggest many points of great importance. It recalls some of my early experiences in the treatment of lachrymal disease. I remember the case of a Mr. C., whom I had treated for a long time in 1879 for lachrymal retention unsuccessfully. There was no stricture of the duct other than that due to a more or less uniform thickening of the mucous membrane, but there was, nevertheless, more or less constant epiphora. Incidentally, he called my

literature was silent upon the subject. From that time to this it has been my uniform practice to carefully inspect the nose in every case of lachrymal disease.

Dr. de Schweinitz's paper is an admirable statement of facts, with which my own experience is strictly in accord in a large group of cases suffering from this very troublesome and persistent affection. These facts explain why so many cases of epiphora present no marked stricture of the lachrymal duct. I have also had experiences the counterpart of that related by Dr. Jackson, where the probe was passed freely until the nasal end of the duct was reached, and there, meeting with resistance, if forced roughly into the nose will cause bleeding from laceration of the inflamed and swollen mucous membrane, closing or blocking the nasal orifice of the canal.

Another practical bearing of these facts in ophthalmic surgery is, that since the lachrymal passages are liable to disease by extension upward from the nose, which furnishes such perfect conditions for the rapid development of micro-organisms, the nasal passages may become the source of infection for the eye itself. It suggests the necessity for great care in this direction, particularly before and after operations upon the eye. We may deluge the conjunctival sac with antiseptic lotions before opening the anterior chamber, bandage the eye, and imagine that all has been done for the safety of our patient, whereas the facts set forth this evening suggest the possibility of infection from the nose through the lachrymal duct. With this possibility in mind, I have of late years recognized the im-

pipe, but is rather a capillary tube, and its inflammations may often be cured by washing with suitable lotions. Probing is often necessary, but rarely with the idea of dilating the capillary tube into an open canal. In 1877 I urged that the proper function of the probe was to induce absorption of the products of inflammation in the thickened membrane lining the duct, rather than the rupture of a stricture or dilatation of the duct.

**DR. ALEXANDER B. RANDALL:**

I do not think I can add anything to what has been said. I have not met with a great deal of lachrymal trouble in the three or four thousand cases seen at the Episcopal Hospital. I have met, in that number, with only thirty that required absolutely lachrymal treatment. I recall a large number of cases where the nasal trouble seemed to be the cause of the affection, and where treatment directed solely to the nose has resulted most happily. In a large number of cases of children with watery eyes I have never, I believe, with one exception, used any other treatment than that to the nares and lower end of the duct, and have had no reason to regret the absence of other forms of treatment. I have always thought that the puncta, with the arrangements of the upper part of the lachrymal passage, had a decided physiological purpose, and that it was a great disadvantage to treat these parts by incision and probing if there were no absolute necessity for it. In directing attention to the primary incision and to the constitutional treatment of the case, my results have been most satisfactory with a minimum amount of necessity for surgical procedures directed to the upper part of the lachrymal passages.

**DR. RALPH W. SEISS:**

With regard to the nasal lesions found in these cases, in the instances that I have seen they have been almost altogether of two types. One is enlargement of the anterior nasal spine with echondroses of the septum and swelling of the mucous membrane; the other is atrophic and sclerotic changes.

treatment. The galvano-cautery is an admirable agent in the treatment of nasal troubles, but it must be used with caution in these cases. I have seen seven or eight cases of lachrymal obstruction following the reckless use of this agent to the lower turbinated body. When I receive such a case for treatment I am more apt to use trichloroacetic acid or a single crystal of chromic acid than the cautery.

**DR. L. WEBSTER FOX:**

There was one point which was not discussed by Dr. de Schweinitz in his paper, and yet my observations have led me to believe that it plays a very important rôle in the causation of lachrymal disturbances, and that is, the asymmetry of the face. A deviation from the middle line by the nasal bones or septum would perforce cause a modification of the calibre of the lachrymal canal on that side. Any irritating substance lodged in this constricted channel could not find easy escape, and in consequence inflammation develops which eventually would lead on to lachrymal abscess. Then, again, closure of both upper and lower openings of the canaliculi caused by chronic conjunctivitis or blepharitis, proves again that asymmetry must play a factor in these cases, for with both eyes afflicted more or less, but one side of the drainage canal is affected. In 1884 all cases of lachrymal obstruction applying to the eye department of the Germantown Hospital were referred to Dr. S. Mac-Smith for nasal examination. I was in hope that we could trace all lachrymal disorders to disturbances in the nasal cavities, but we were doomed to disappointment. While a certain number of cases had undoubted nasal complications, yet in many the lesion was found on the side opposite to the epiphora or lachrymal abscess. In some few cases we found the applied treatment to the nasal cavity did give relief, but in the majority we found that you must apply treatment to the orbital end of the canal to obtain good results. Dr. de Schweinitz did not dwell upon the treatment of lachrymal disturbances,

by which a cure may be brought about, or at least to alleviate our patients. My experience has led me to adopt the larger Cawper probes, followed by the insertion of a silver tube. In certain forms of epiphora a simple dilatation of the mouths of the canaliculi will alleviate the patient, or slitting up, as suggested by Mr. Bowman; but where you have a stricture or lachrymal abscess, or both, I adopt the radical treatment—dilatation to its fullest capacity. As regards the application of astringent washes, I have never had much success from their use alone.

DL. CHARLES HERMON THOMAS:

The paper which Dr. de Schweinitz read is an interesting and valuable contribution to the treatment of lachrymal obstruction. It, and especially the discussion which has taken place, has strongly emphasized a phase of the subject on which I confess I have not laid much stress in my own experience, which has withal been a not unsuccessful one. For a good many years I have had such satisfaction in the treatment of these cases as to leave little to be desired. I do not doubt that many of these cases can be relieved from the nasal side, but I must believe that there are a number of cases which can hardly be treated successfully in this way, exclusively cases in which the irritation has been so long continued that it has resulted in what might be called organic stricture as distinct as stricture of the urethra. Such cases certainly demand local treatment at the point of obstruction.

It was in 1868 that Stilling made the announcement of the results obtained by the use of the knife which he devised for the purpose of cutting strictures of the lachrymal duct. I was impressed with the value of the method of treatment proposed by him, and also

rigid enough to control the blade. By slitting the lower canaliculus and first passing some of the more delicate probes, especially those of Dr. Williams, of Boston, this knife may be slipped down and a free linear incision made. The stricture is then divided completely even to the bone, and a large leaden style is introduced and allowed to remain for a few days or weeks at most, being removed daily for a time, for the purpose of washing the passage with some antiseptic fluid. By this method I have had such success as seems to leave little to be desired, and can hardly think that the time has arrived to abandon that method altogether and turn these cases over to the rhinologist. Indeed, I do not now recall a single case in which I had difficulty from obstruction at the lower end after I had gotten a passage through. The facts brought out by Dr. de Schweinitz doubtless make it most desirable to have the nasal passages of patients suffering from epiphora examined, and any abnormalities found therein treated. It is my purpose to return to this subject in the near future, and to enter more into details as to the method of treatment here briefly sketched.

DR. GEORGE M. GOULD:

I wish to go one step further than Dr. Thomas in emphasizing the importance of ophthalmological treatment as such. There can be no question as regards cases as Dr. de Schweinitz has presented. When there is absolute impermeability of the nasal end of the duct, the treatment is, of course, outlined by the diagnosis. In the greater number of cases, however, there is not absolute obstruction of the duct, but simply a stenosis, an unhealthy congested condition of the lachrymal mucous membrane, the duct certainly being patent to some extent, but not

outline it. It consists in slitting the punctum vertically downward toward the palpebral fold, in order to increase the size of the opening. Then canting the patient's head to one side, the corner of the eye is filled with an antiseptic astringent lotion. The duct should first be emptied by pressure, and then allowed to fill with this solution. This procedure of emptying and refilling the duct is repeated several times, and thus the antiseptic solution is brought in contact with caniculus, sac, and duct by capillarity and pressure. I have had cases in which, after showing the patient the method once, he has afterward practiced it himself and came back in a week perfectly cured. The method is simple and effective, and can be carried out at home. I have often wondered in those cases where probing has been employed, whether it was the probe or the antiseptic lotion that had done the good.

In regard to slitting of the canaliculus, I may say that I do not do this at the beginning of the treatment. If there is narrowing of the puncta the fluid enters more readily if it is cut.

DR. GEORGE FRIEBIS:

I should like to ask whether, in the experience of Dr. de Schweinitz, he has met with obstruction due to such causes as inflammation and enlargement of the caruncle? I have in mind one case (a male adult, past middle age), in which I paid little attention to the inflamed caruncle, and the case did not improve under the routine treatment. Upon recognizing the inflammation of the caruncle as a possible cause, and treating it with astringents, I succeeded in curing the epiphora without further instrumental interference.

DR. DE SCHWEINITZ:

I have presented this series of cases simply for the purpose of classifying one of the many varieties of lachrymal obstruction. I beg Dr. Thomas will not think that I wish to transfer the treatment of lachrymal obstruction to my friends, the rhinologists, much as I value their aid in the management of some of these cases, and I heartily agree with Dr. Thomas and with Dr. Gould, that the ophthalmological treatment of lachrymal obstruction is of paramount

importance. These cases illustrate merely certain failures in treatment when applied to the ducts alone, because there is obstruction either at the inferior end of the duct or from intra-nasal lesion. I have not intended this evening to include the large number of cases due to obstruction in the caniculus from polypi, from tear-stones, from fungus, or to the obstruction high up, or to those which result from conjunctivitis and from malposition of the punctum lachrymale. Dr. Fox's observation in regard to asymmetry of the face is an important one, and deserving of much study. In regard to the use of large probes, I might not find myself in accord with Dr. Fox. Abnormal position of the canula or its enlargement, as referred to by Dr. Friebeis, is an interesting anomaly. You are all familiar with the cases reported by Von Graefe and by Horner. I have some knowledge of a similar case occurring in the practice of Dr. Wallace, of this city. Cases of this character, or others which have been brought up into discussion, have been purposely omitted in the paper of this evening. My idea was simply to show that certain examples exist, and they are not infrequent, which can be treated better with than without the aid of the rhinologist.

#### TOO EARLY DEVELOPMENT OF THE SEXUAL ORGANS IN A CHILD.

At a late meeting of the Paris Academy of Medicine, M. Crivelli (*Wiener klin. Wochenschrift*, July 24, 1890) showed the photograph of an eighteen months'-old girl whose genital organ presented a degree of development such as is usually found at the age of eighteen. The mammae and the nipples were also well developed; the mons veneris covered with lanugo, the clitoris being also very large. By investigation, Crivelli found out that the child was addicted to masturbation. The menses had appeared regularly since three months, and lasted from three to four days. Before the appearance of the menses, the child feels sick for about twenty-four hours.—*Annals of Gynaecology and Pædiatrics*.

## PARISIAN MEDICAL CHIT-CHAT.

COLLATED FROM VARIOUS SOURCES  
BY T. C. M.

### *How to Secure a Medical Practice While Young.*

Once provided with a diploma, the young physician asks himself how he shall open his way to the world of science and the confidence of the public, his future patients. If he is rich, or supported by powerful friends, he will at once proceed to compete for the hospital positions, and, in waiting the result of his *concours*, he will also long for rich patients with due patience, sustained by the comforts afforded by his personal fortune, or outside aid, or, perhaps, a fat commission from some learned professor to whom he renders service. We know what services are often rendered to men known to science, how books, memoirs and reports are written for those who cannot write, but who bravely sign their names after simply glancing over the proofs prepared for them.

If our young practitioner has no ambition, and is absolutely pressed by material wants, he will bury himself in some remote village, where he will take to "mule riding, and almost die with hunger and fatigue," according to our old friend Amadee Latour. Finally, if our young friend "feels gnawings in his belly," and recoils before the dark perspective of rural interment, if he has some ambition, he will plunge into the Parisian ocean. That is to say, that *per fas et nefas* he will dive after that which is so often inaccessible, which we call a practice. How secure a practice in Paris? "That is the question." Some young doctors innocently wait for patients to ring their door-bell, putting out the sign, for instance:

demanding his rent promptly each month. Some more pushing young doctors seek the crowded quarters and cultivate the acquaintance of *concierges* and porters, or loaf around some drug-store, and finally, after ten or fifteen years of constant struggle, manage to secure a living practice. Their "ideal," which is to have a comfortable neighborhood practice, is realized.

All these types of young physicians are curious. What good is there in running for eight or ten years after hospital and other competitive positions, waiting patiently for a practice that never comes? Or which, when it comes, makes stair climbing each day tiresome, an ascension from one floor to another an incalculable number of floors? It is better for the young men to pose before the public earlier, and they can achieve quick success by conquering a practice before dying of old age, by securing early fame either as surgeon or gynecologist. My neighbor, Dr. Brissay, reveals the method of securing an enormous business. He sent all over Paris the elegant card that follows:

DR. BRISSAY,  
No. 39 Boulevard Haussmann.  
Mondays, Tuesdays, Thursdays,  
Saturdays.

Office Hours 3 to 5 O'clock.

SIR:—I have the honor of informing you that my office for medical consultation is open from 3 to 5 o'clock every day, except Wednesdays and Fridays. I perform surgical operations, and attend sick persons at their own homes, if desired. Yours very respectfully,  
DR. BRISSAY.

To this circular is added a bristol-board card informing people that Dr. Brissay is a *specialist*, not only in surgery, but *especially* as to diseases of the urinary passages and diseases of women. But this is not all. Dr. Brissay adds to this a small tinted sheet of note paper containing a printed enumeration of his works. These we learn can be purchased from Doni, *Place de la Odeon*.  
Thus one is entitled.

Then follows a long list of other works by the same author.

Thus Dr. Brissay introduces himself to the public. In place of losing ten year's time, and waiting for patients who never come, unless they know that you are living, and not hiding your light under a bushel, this young doctor expends a few hundred francs in printing circulars, of which he issues a number of thousand. He rents a handsome office in a rich neighborhood, and has secured an enormous business.

Here, young man, is a method of securing business, perfectly legitimate, although some sticklers think that the dignity of the medical profession loses some of its prestige. But what difference does that make to Dr. Brissay? Living on the dignity of the medical profession will never give any man bread and butter. Brissay collects his cash and is happy. This new fad of self-advertisement originated in America, and is now quite the fashion in France, although it has not obtained all the success it merits.

#### LOCAL APPLICATION FOR BRUISES, BLACK EYES, ETC.

An old practitioner recently recommends the application of a lotion of arnica and the acetate of lead in the treatment of bruises, black eyes, etc. If seen immediately, the application of cloths wrung out in hot water will prevent the blueness from appearing.

#### HEMORRHAGE AFTER COCAINE IN TONSILLOTOMY AND EXTRACTION OF TEETH.

Dr. Buisseret (*Revue de Laryngologie*, No. 22, 1891; *Med. Neuigkeiten*, No. 48, 1892) claims cocaine to favor the production of hemorrhage after tonsillotomy and extraction of teeth. The anæmia caused by the anæsthetic is followed by subsequent dilatation. Besides the heart, the drug also influences the arterial system and causes vasomotor disturbances.—[Pritchard.

TRANSLATED BY  
F. H. PRITCHARD, M.D.,  
NORWALK, O.

#### CAMPHORIC ACID IN PHTHISIS AND CYSTITIS.

Dr. Bohland (*Gazzetta medica di Roma*, No. 24, 1891) has used camphoric acid in the night-sweats of phthisis, and, like Combemale, has gotten good effects. It is preferable to atropine; it is less toxic, and has none of the inconveniences. It is rapidly eliminated by the urine, hence it must be given one to two hours before the sweats begin (see *LANCET-CLINIC*, Vol. II, 1891). The oxide of zinc, in pill form, a grain or two to each pill, is a favorite English prescription. The camphoric acid must be given in doses of one to five grammes (fifteen to seventy-five grains), and in one dose. It also arrests the diarrhœa; the number of stools is not only decreased, but the pain of the tuberculous enteritis is also decreased. Other diarrhœas are also favorably influenced by it. As it is rapidly eliminated by the urine it acts well in cystitis, arresting ammoniacal fermentation and favorably modifying the inflammatory symptoms. But it is especially in chronic cystitis, and, above all, those accompanying lesions of the spinal cord, that it is efficacious. It is without effect in the acute form. Chronic cystitis, with ammoniacal fermentation, is the indication. He uses the following formula:

⚞ Camphoric acid, . gms. 20  
(3v).

Divide into twenty powders. Take four powders per diem.

#### NITRATE OF SILVER IN ACTINOMY- COSIS OF THE SKIN AND SOFT PARTS.

Dr. Kötnitz (*Deutsch. med. Wochenschrift*; *Med. Neuigkeiten*, No. 48, 1892) recommends in actinomycosis of the skin and soft parts the employment of the nitrate of silver in substance.

mycosis of the skin and soft parts of the head and neck, with suppurating and long-lasting fistulæ, and cured his patients. In one case recovery has been lasting for three years; in the other three a year to a year and a half. They all presented carious teeth on that side of the mouth.

#### A SPECIFIC FOR SCARLET FEVER.

Dr. Vidal (*Medicinische Neuigkeiten*, No. 48, 1892) has used liquor ammonii acetici in large doses with good results in the treatment of scarlet fever. He advises as a dose one gramme for each year of the patient's age, yet, in adults, thirty-five grammes (one and a fourth ounces) must not be exceeded. It may be administered in elder-flower infusion. This remedy rapidly reduces the temperature, especially when employed early. It is an extremely useful remedy in any eruptive fever.

#### CORYZA, CEPHALALGIA AND ASTHMA.

Dr. Coupard (*Münchener med. Wochenschrift*, No. 12, 1892) recommends in asthma, coryza and cephalalgia the following powders:

☞ Cocaine hydrochlorate,	cgms. 15
(grs. ij).	
Menthol, . . . .	cgms. 25
(grs. iv).	
Boric acid, . . . .	gms. 2
(grs. xxx).	
Finely powdered roasted	.
coffee, . . . .	dgms. 5
(grs. viij).	

#### LOCAL SOCIETY NOTICES.

##### CINCINNATI MEDICAL SOCIETY.—

Tuesday evening, May 17, 1892, DR. W. H. DEWITT will report a case of "Uterine Hemorrhage in a Patient of Advanced Age, Due to Retained Pessary"; also "A Remarkable Case of Morphine Tolerance."

SAMPLES of Sander & Sons' Eucalypti Extract (Eucalyptol), gratis, through Dr. Sander, Dillon, Iowa.

# LANCET-CLINIC:

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L. S. COLTER, M.D.

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Cincinnati, May 14, 1892.

## Editorial.

### PURE FOOD.

No subject can be of greater practical importance to mankind than this. All must eat, and each one desires to have food that is pure and free from contamination; he especially desires to know what it is he eats. It would simply be a work of supererogation for us to call attention to the necessity of being furnished with pure food, and such is not the intention of this article: we desire to call our reader's attention to the bill which has been introduced into Congress, and which has passed the Senate, entitled "An Act for Preventing the Adulteration and Misbranding of Food and Drugs, and for Other Purposes."

So far as we can judge from the information at hand the bill is the offspring of Alexander J. Wedderburn, Chairman of the Legislative Committee of the Virginia State Grange, and he certainly seems to be very much in

The first section provides for the organization, in the Department of Agriculture, of a section to be known as the food section of the chemical division. The work shall be under the direction of the chief chemist, whose duty it shall be to procure, from time to time, under the rules, and analyze or cause to be analysed or examined, samples of food and drugs offered for sale in any State or Territory other than where manufactured, or in a foreign country. These samples must be in original or unbroken packages.

Section second prohibits the introduction, exposing for sale, or selling of any article known to be adulterated or misbranded, and provides a penalty of fine and imprisonment for such offenses.

The third section provides for the taking of samples and analyzing of the same under the direction of the chief chemist.

Section four relates to the duties of district attorneys in regard to this bill.

We print sections five and six in full:—

SEC. 5. That the term "drug," as used in this act, shall include all medicines for internal or external use. The term "food," as used herein shall include all articles used for food or drink by man, whether simple, mixed or compound. The term "misbranded," as used herein, shall include all drugs, or articles of food, or which enter into the composition of food, the package or label of which shall bear any statement purporting to name any ingredients or substances as not being contained in such article, which statement shall be false in any particular; or any statement purporting to name the substances of which such article is made, which statement shall not fully give the names of all the substances contained in such article in any measurable quantities.

SEC. 6. That for the purposes of this

in case of drugs:

First. If when sold under or by a name recognized in the United States Pharmacopœia it differs from the standard of strength, quality, or purity according to the tests laid down therein.

Second. If when sold under or by a name not recognized in the United Pharmacopœia, but which is found in some other pharmacopœia or other standard work on materia medica, it differs materially from the standard of strength, quality, or purity according to the tests laid down in said work.

Third. If its strength or purity fall below the professed standard under which it is sold.

Fourth. If it be an imitation of and sold under the specific name of another article.

In the case of food or drink:

First. If any substance or substances has or have been mixed and packed with it so as to reduce or lower or injuriously affect its quality or strength, so that such product when offered for sale shall be calculated and shall tend to deceive the purchaser.

Second. If any inferior substance or substances has or have been substituted wholly or in part for the article, so that the product, when sold, shall tend to deceive the purchaser.

Third. If any valuable constituent of the article has been wholly or in part abstracted, so that the product, when sold, shall tend to deceive the purchaser.

Fourth. If it be an imitation of and sold under the specific name of another article.

Fifth. If it be mixed, colored, powdered or stained in a manner whereby damage is concealed, so that such product, when sold, shall tend to deceive the purchaser.

Sixth. If it contain any added poisonous ingredient or any ingredient which may render such article injurious to the health of the person consuming it.

Seventh. If it consists of the whole or any part of a diseased, filthy, decomposed, or putrid animal or vegetable substance, or any portion of any animal unfit for food, whether manufactured or



not, or if it is the product of a diseased animal, or of an animal that has died otherwise than by slaughter; PROVIDED, That an article of food or drug which does not contain any added poisonous ingredient shall not be deemed to be adulterated in the following cases:

First, in the case of mixtures or compounds which may be now or from time to time hereafter known as articles of food under their own distinctive names, and not included in definition fourth of this section;

Second, in the case of articles labeled, branded, or tagged, so as to plainly indicate that they are mixtures, compounds, combinations, or blends:

Third, when any matter or ingredient has been added to the food or drug because the same is required for the production or preparation thereof as an article of commerce in a state fit for carriage or consumption, and not fraudulently to increase the bulk, weight, or measure of the food or drug, or conceal the inferior quality thereof: PROVIDED, That the name shall be labeled, branded, or tagged so as to show them to be compounds and the exact character thereof: AND PROVIDED FURTHER, That nothing in this act shall be construed as requiring or compelling proprietors or manufacturers of proprietary medicines to disclose their trade formulas;

Fourth, where the food or drug is unavoidably mixed with some extraneous matter in the process of collection or preparation.

We believe it is the better plan to print the rest of the bill from the original:—

SEC. 7. That every person who manufactures for shipment and delivers for transportation from any State or Territory to any other State or Territory any drug or article of food, and every person who exposes for sale or delivers to a purchaser any drug or article of food received from a State or Territory other than the State or Territory in which he exposes for sale or delivers such drug or article of food, and which

article is in the original unbroken package in which the same was received, shall furnish, within business hours and upon tender and full payment of the selling price, a sample of such drugs or articles of food to any person duly authorized by the Secretary of Agriculture to receive the same, and who shall apply to such manufacturer or vendor or person delivering to a purchaser such drug or article of food for such sample for such use, in sufficient quantity for the analysis of any such article or articles in his possession. And in the presence of such dealer and an agent of the food section, if so desired by either party, said sample shall be divided into three parts and each part shall be sealed by the seal of the food section. One part shall be left with the dealer, one delivered to the food section, and one deposited with the United States district attorney for the district in which the sample is taken. Said manufacturer or dealer may have the sample left with him analyzed at his own expense, and if the results of said analysis differ from those of the food section, the sample in the hands of the district attorney shall be analyzed by the third chemist, who shall be appointed by the president of the Association of Official Agricultural Chemists of the United States, in the presence of the chemist of the food section and the chemist representing the dealer, and the whole evidence shall be laid before the court.

SEC. 8. That whoever refuses to comply, upon demand, with the requirements of section seven of this act shall be guilty of a misdemeanor, and, upon conviction, shall be fined not exceeding one hundred nor less than ten dollars, or imprisoned not exceeding one hundred nor less than thirty days, or both. And any person found guilty of manufacturing, or knowingly offering for sale, or selling an adulterated, impure, or misbranded article of food or drug in violation of the provisions of this act, which is a subject of interstate commerce, shall be adjudged to pay, in addition to the penalties heretofore provided for, all the necessary costs and expenses incurred in inspecting and

guilty of manufacturing, selling or offering for sale.

SEC. 9. That this act shall not be construed to interfere with commerce wholly internal in any State, nor with the exercise of their police powers by the several States.

SEC. 10. That any article of food or drug that is adulterated within the meaning of this act and is transported, or is being transported, from one State to another for sale, and is still in the original or unbroken packages, shall be liable to be proceeded against in any district court of the United States within the district where the same is found and seized for confiscation by a process of libel for condemnation; and if such article is condemned as being adulterated the same shall be disposed of as the court may direct, and the proceeds thereof, if sold, less the legal costs and charges, shall be paid into the Treasury of the United States. The proceedings in such libel cases shall conform as near as may be to proceedings in admiralty, except that either party may demand trial by jury of any issue of fact joined in such case, and all such proceedings shall be at the suit of and in the name of the United States.

No one appreciates the need of pure and wholesome food more than we do, and we are glad to see that an effort is being made to render it criminal for a person to expose impure or adulterated food for sale. We think, however, that it is a mistaken idea to have this bill brought before the National Government and to have the restrictions apply only to inter-state trade, because that gives an opportunity for those within a State to expose impure food and drugs for sale without the provisions of this bill applying to them at all. In our opinion this is a subject for State legislation, and not for national.

The chief fault we can find with the bill is its length, and the obscure phraseology used. Another objection is

With these exceptions we believe the bill to be a step in the right direction.

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#### EDITORIAL NOTES.

WE feel that we have done the Cincinnati College of Medicine and Surgery an injustice by not calling attention to the fact that Dr. W. R. Amick is no longer connected with that institution. He was removed at the first meeting after the publication of Dr. Amick's unfortunate article. We desire to call especial attention to this fact.

Messrs. Chas. Truax, Greene & Co. will establish a Physicians' Bureau of Service and Information at the Columbian Exposition to be held in Chicago next year. As we believe this bureau may be a great service to physicians visiting the Exposition we give the services which are offered, free of cost, to physicians and their families:

*Registration.*—By registering with us your name, college and date of graduation, residence when at home, and hotel and boarding-house while in the city, telegrams and mail matter can be promptly forwarded and correct addresses furnished to all inquiring.

*Hotels and Boarding-Houses.*—A list of leading hotels and boarding-houses will be kept, with location, description and rates. (Reliable messengers can be procured at small expense so assist strangers in securing satisfactory accommodations).

*Telegrams.*—For these we will receipt if requested, or assist (by means of our registry) in their speedy delivery.

*Postal Benefits.*—A miniature post-office will be established, so that mail matter may be addressed in our care.

*Banking Facilities.*—Cash will be paid out during banking hours from

currency deposited with us and from funds forwarded us direct from banks. Moneys sent us by banks for credit should be accompanied by signature of depositor. Checks and drafts will not be cashed, and will be received only for collection.

*Telegraph.*—Also telephone, stenographic, district messenger, livery, cab, express, baggage and freight service arranged for in the building and legitimate rates secured.

*Check and Cloak Room.*—Parcels and packages will be received and checks issued for the same.

*Headquarters for Physicians.*—A reading and reception room, with writing facilities and stationery, will be provided, where physicians may meet their friends, attend to correspondence, etc.

*Purchasing Department.*—Theater, exposition, sleeping car and railway tickets will be secured, and assistance rendered in purchasing goods in all lines of trade.

*Office Room and Desks,* in or adjoining the general headquarters, will be provided for the secretaries and other officers of medical societies and conventions.

*Interpreters.* — German, French, Spanish and other interpreters will be permanently located in the building.

These privileges will be granted to physicians and surgeons (and their families) only—college and date of graduation required on registration.

Before leaving for Chicago, the physician or surgeon who wishes to avail himself of these privileges should leave orders for all mail and telegrams to be forwarded in our care, and if he desires to draw any moneys through us should instruct his bank to forward the amount direct to us that it may be placed to his credit.

On arriving at the depot in Chicago if he will take a cab direct to our office we will render him every assistance in our power, placing him in possession of all information regarding the city at our command.

This service, being a portion of our contribution toward making the World's Columbian Exposition the most enjoy-

able and instructive show the world has ever witnessed, is freely offered to physicians and surgeons with the hope of benefiting the medical profession, securing a larger attendance at the Fair, and further extending the hospitable reputation of our city.

THE annual meeting of the Ohio State Medical Society for this year is now a matter of history, but we feel that simple justice requires us to say that the Committee of Arrangements discharged its duties in an eminently satisfactory manner, as all things were done without hitch or unpleasantness. The able Secretary, Dr. T. V. Fitzpatrick, showed that he was the man for the place, and equal to each and every emergency. We desire to most emphatically congratulate him upon his untiring efforts, and the successful results they brought about. The President, Dr. G. A. Collamore, made a most able and efficient Presiding Officer, and did much to facilitate the smooth working and prompt manner in which the large programme was so successfully gotten through with.

One very pleasant feature of the meeting was the presentation to Dr. J. C. Oliver of a handsome leather chair and reading-stand, by those who made displays of drugs, instruments, etc. Mr. Fred. S. Mason, representing the firm of Rigaud and Chapoteaut, made the speech of presentation. The chair was a joint present from the representatives of the following firms: Wm. R. Warner & Co., Mellin's Food Co., The Heister Physician's Supply Co., Rigaud and Chapoteaut, John Wyeth & Bro., The Forbes Diastase Co., Tarrant & Co., The Malted Milk Co., J. P. Hobart, The McIntosh Electric Co., Max Woche & Son, and The Chicago Medical Specialty Co.

We take this means of publically





ready been written. In a short time, by turning to your index, you note, under the heading "*Antrum*," the literature of the subject. Try it for awhile; there will be no fears about your continuing the habit.

—*Dental World*.

#### DISTRICT OF COLUMBIA MEDICAL-PRACTICE BILL.

The District of Columbia medical-practice bill bids fair to become a law. The homeopaths and the regular profession are enthusiastically united in its favor. The "vivopaths" and "botanic healers" are opposing it. The arguments of these latter, however, have impressed the Congressional sub-committee with the serious necessity for something to regulate them beside a writ *de lunatico inquirendo* and a prosecution for obtaining money under false pretenses. The champion of the

hardened by frequent contact with cranks, that a healthy child, if treated according to the botanic method, need never be sick; that it could be educated to work and go on forever, free from all the various ills, if only his system were accurately and diligently followed. The "vivopath" claimed that thousands of people now die because physicians do not know what to do for them. He claimed to be able, in connection with his White Cross University of Science, to cure these people who are consigned to their gloomy fate by reason of the ignorance of his colleagues. As a clincher for his argument, the doctor exhibited a bottle of life-perpetuating elixir and a box of powder of some sort that promised wonders. These visible adjuncts of a claim to invisible power created a very strong belief in the Congressional committee that the bill was a necessity.

—*The Medical Standard*.

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VALEDICTORY ADDRESS. By C. P. T. Fennel, Ph.G., Cincinnati. 675  
PRESIDENT'S ANNUAL ADDRESS. By Louis Klayer, Ph.G., Cincinnati. 679

## ORIGINAL ARTICLES.

ON PRIMARY TUBERCULOSIS. By Maximilian Herzog, M.D., Würzburg, Bavaria. 682  
PRIMARY EPITHELIOMA OF THE AURICLE. By S. C. Ayres, M.D., Cincinnati. 687  
REPORT OF A CASE OF CYSTITIS. By Edwin Ricketts, M.D., Cincinnati. 687

## EDITORIAL.

CHRISTIAN SCIENCE (?). 695  
EDITORIAL NOTES: British Opinion of Inebriety Cures.—The Bacillus of Measles.—Report of the Training School for Nurses. 798  
The American Surgical Association. 699

## ACADEMY OF MEDICINE.

Meeting of April 18, 1892.  
Discussion on Anthrax. 688

## TRANSLATIONS.

THERAPEUTIC NOTES. By F. H. Pritchard, M.D., Newark, O.  
Peroxide of Hydrogen in Intestinal Diseases. 678  
Iodoform in Solid Goitre.—Iodine-Collodium in Parasitic Alopecia Areata. 686  
Essence of Cassia as an Antiseptic.—Cod-Liver Oil as a Prophylactic in the Grippe. 688  
Tapeworm Expellers.—Iodide of Potash in Croup. 692  
A Salve to Remove the Itching of Exanthemata.—Solanine in Painful Stomach Affections.—The Carbonate of Soda Intravenously in Diabetic Coma.—Painful Inflammation of External Auditory Meatus.—Laxative for Children.—Nitroglycerine in Morphine Poisoning. 694

Contents continued on Advg. p. 4.

See Advertisement "VIN MARIANI" on Insert page x.

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## MEDICINE AND SURGERY.

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CINCINNATI, May 21, 1892.

Whole Volume LXVII.

## Addresses.

## VALEDICTORY ADDRESS.

Delivered to the Graduating Class of the Cincinnati College of Pharmacy,

BY

PROF. C. P. T. FENNEL,  
CINCINNATI.

*Ladies and Gentlemen, Graduates:*

It rests upon me to-night to complete the ceremonies with which it is a custom of this college to honor its graduating class, by commending you to the confidence of the public.

It is surely a time for congratulations. You are happy and proud of the success you have obtained, and well may be, for you have earned it by hard and steady work.

The ordeal through which you have passed, your long service, the study, the lectures and the trying examinations, all indicate the present estimate by this college of the importance of your calling and the necessity for a thorough preparation to enable you to follow your calling properly.

The simple ceremony of conferring the degree of Graduate of Pharmacy invests you with grave responsibilities. Upon a like occasion, five years ago, I remarked to the members of the graduating class that they were entering upon the duties of a pharmacist when a crisis in pharmacy was approaching. To-night I repeat it, not as a parrot cry passed down from father to son, but as truth substantiated by conclusive evidence. The crisis in pharmacy is no

the position of the pharmacist is in many respects a peculiar and trying one. The feat of riding two horses at one time in opposite directions is traditional and instructive, inasmuch as the tumble is assured and the end of the experiment prompt and decisive. So with the pharmacist; he endeavors to occupy a dual position, that of a professional and a merchant at one and the same time. Originally wealthy, educated, refined and respected by all, but gradually allowing evil to enter his career of effort and virtue, until degeneracy has become a part of himself, the pharmacist has become so completely absorbed in his own self-glorification that he has failed to see in himself what his more astute neighboring merchant has noticed long ago.

Success in any calling is only attained by strict adherence to the principles of honesty, integrity and justice. Any deviation from the principles involved will be followed, sooner or later, by misfortune, dishonor and loss of public confidence.

It is rightly said that life is not measured by the time that elapses from birth to death, but by the amount of assistance rendered towards the advancement and betterment of the human race. In pharmacy, as in every other walk of life, the highest self-interest is to be found in the forgetting of self. No one will dispute that Pharmacy is the humble handmaid of Medicine, and that the pharmacist, her representative, is the outgrowth of public requirement. He is maintained in his position by public requirement only so long as he meets their demands, and his success is

you a code of ethics for your guidance in a professional career, and yet I cannot refrain from placing before your consideration a few topics of importance involving the health and happiness of a people, and therefore likely vital to the interests of pharmacy.

The fact that pharmacists deal in goods of which his patrons are not judges exposes him to imputations from which he is seldom, if ever, free. Pharmacists, as a rule, do not guard themselves against these, and do not rise above them.

We also recognize that as professional pharmacists we owe the public certain obligations to aid in maintaining the greatest of physical blessings, health; to aid in restoring it to those from whom that blessing is temporarily withdrawn; to aid in soothing the life of those to whom that blessing will never come again. In accepting these obligations we assume the responsibilities, and in proportion to which we share them will we be awarded the confidence of the public.

We may therefore ask ourselves: Do we meet these obligations, and do American pharmacists maintain their position among the recognized professions? Do American pharmacists furnish evidence of better qualification for research and elaboration to maintain and aid in the restoration of health? If not, why not?

That pharmacy of the present day admits of improvement will probably be admitted on all sides. What human institution does not? In what manner this improvement shall be accomplished opinions will differ. The evils that exist to-day are known to all pharmacists, yet the causes which produce them are ignored.

Pharmacists have drifted into everything that will yield an income of some kind. They have taken the ground of a mere trader, and are beaten by the more astute trader on their own ground. For the sake of revenue professional honor has been sacrificed. The professional air of the pharmacist has become vitiated by the customs and habits of the

say that pharmacists in their struggle for existence were compelled to resort to these measures, but I will maintain that such is not the fact. We all share alike in development and progress; we must grasp every new advance within our domain, and improve its course as fast as our abilities and qualifications will permit. Medical practitioners and lawyers have like struggles for existence, and come under the same laws of evolution. Have they not retained their professional prestige and inspired public confidence? If it be true that pharmacists have lost professional standing, can it be possible that it is owing to a lack of qualification? Is it possible that he no longer meets the demands of public requirement, and that his days of usefulness are numbered?

Let us reason and be just. Experience and observation have demonstrated that the great majority of the pharmacists of to-day do not manufacture their own pharmacopœial preparations, but buy them from manufacturing firms. To tolerate the manufacture of medicinal preparations on the wholesale plan is not in the interest of pharmacy, nor is the practice likely to promote the welfare of the public or the self-interests of the pharmacists. The public expect to be served with preparations that are trustworthy. How can the pharmacist verify their therapeutic value unless he has prepared them himself and give the assurance of trustworthiness. Let us be charitable and admit that the pharmacist is qualified to ascertain their value by chemical examination or assay, and ascribe his lack of doing so to indifference. Yet the pharmacist has been so blind as not to realize that by buying manufactured goods he cuts his own professional platform from under his feet, neglecting what ought to be his own cherished art of compounding for that of a mere trader. Can he wonder at the harvest—reaping as he has sown.

Graduates of to-night, I know you all desire future pharmaceutical success. To obtain it you must continue in the work just begun, master the principles of the art, cling to your phar-

manufacture your own preparations.

Broadly, as a matter of self-interest and sound policy, all future efforts to secure professional standing must be founded on knowledge.

You all have noticed the tendency of the medical profession to dispense their own medicines and wondered why. Are you aware that manufacturers on the wholesale plan have used the plea "lack of qualification" as an entering wedge to introduce their goods to the medical profession? You may doubt it, yet such is a fact. Notwithstanding that such is the case, I will assert that there is not a single medical practitioner to-day, who will not discontinue the practice of dispensing his own medicines and prefer to obtain them from his neighboring pharmacist rather than from a distant source, if he knows that the pharmacist can give the guarantee of genuineness. The pharmacist can only do this when he is the manufacturer of his own preparations and is able to determine the purity, identity and strength of each component. Act with one accord and avoid those pernicious practices which sink pharmacists to the level of mere traders, dealers or agents who, in their own sphere, may be worthy men. The elevation of pharmacy to a professional standing and its recognition as a branch of medical science must be your wish and future aim.

An important factor in the progress of medicine is their local societies, for through them a vast amount of valuable matter is presented. Every graduate of medicine is compelled by the code of ethics to become a member of at least a local organization. There can be no question that these increase enterprise and stimulate investigation and form a part of the educational institutions of medicine. The pharmacist has not as yet appreciated the advantages that accrue from such local organiza-

They inculcate a spirit of interest in the profession, diffuse knowledge and tend to elevate the science.

Improvement in pharmacy has been sought upon this assumption; internally, by education, by forming State associations and local pharmaceutical societies; externally, by legislation, by the enactment of pharmacy laws and the establishment of boards of pharmacy.

The endeavors of the various legislatures to provide for the proper supply of trustworthy drugs to the public is being seriously hampered. The Adulteration law of the State of Ohio is virtually a dead letter, owing to the want of specification, the Poison law loses its effect owing to its inconsistency, the Morphine law is a farce. The enactment of the Pharmacy law has likewise not been productive of educational development. That the pharmacists of Ohio have not been benefited by the enactment of the law—one need only compare statistics before and after the passage of the law.

According to the Ohio law, no person can practice under it unless, after satisfying the State Board of Pharmacy of his qualifications, having his name registered; yet that law makes exceptions for physicians, patent medicine dealers and country store keepers. The latter are permitted by law to dispense thirty-two enumerated articles, including borax, paregoric, syrup ipecac and other similar preparations, as long as they are not of their own making. This practice of selling two or three common drugs, which has existed for years in thinly populated districts, has developed within the last few years into the sale of nearly all medicinal compounds. It is but natural that the country store keeper should sell everything that will bring him a revenue, especially if he can offer inducements in prices by selling goods, which according to the spirit of the law, he has no right to sell, but

a compensation commensurate with his abilities or legal qualifications. This I say is not justice and very serious for the professional pharmacists, men who have qualified themselves for their responsible calling by college education. It is not justice to the public, a public that has not the requisite knowledge to determine the sanitary or commercial value of medicinal compounds, and who must abide by the representations made to it, supposedly in good faith. The law is, therefore, a failure, because it requires education from the pharmacist, and does not prevent the uneducated from palming themselves off as pharmacists.

Regarding the qualifications of those who wish to comply with the legal requirements of the title "Pharmacist," the law permits any person who desires to conduct or engage in such business to appear before said board and be registered, and within ten days receiving a certificate of competency and qualification from said board, competency and qualifications being ascertained by examination—written replies to questions that have become stereotyped. The factor of proper pupilage in pharmacy, chemistry, microscopy, botany and materia medica, cuts no figure; nor does the laborious and tedious process of apprenticeship receive any consideration. The conception of the fundamental principles of pharmacy and allied sciences taught in this institution receive no direct recognition; yet a smattering of knowledge, obtained through quiz compends, usually is awarded the much desired legal qualification. The former is productive of intelligence, the latter breeds arrogance. The principal feature and upon which the State Board of Pharmacy lays its greatest stress is, that the legal fence which has been built around the title of pharmacist shall be exposed in a conspicuous place. Such are the salient features of the Ohio Pharmacy law, and it is not surprising that quality has been lost.

In conclusion, I wish to call your attention to the fact that you were not

not lie in your province to prescribe. Nor need you be agent for the nostrum trade, the vilest species of quackery that ever disgraced a civilized and enlightened country. True, you cannot control the principles of trade, and must meet the demand; but in doing so, supply, without recommending or without making yourself conspicuous by public advertisements, those specifics which are imposed upon a credulous and too confiding public. I have said to you to-night, in public, with perhaps more earnestness than good taste, much that I think is necessary for all to know; evils which exist, in order that you may receive from the public that, without which, you can do nothing—the cordial approval and support, which the Cincinnati College of Pharmacy sincerely hopes may be accorded to each and every one in its fullest and heartiest sense.

---

#### THE PEROXIDE OF HYDROGEN IN INTESTINAL DISEASES.

Dr. Richards (*Med. Neuigkeiten*, No. 52, 1892) has used this drug for twenty years. In carcinoma it removes the terrific odor, and, in combination with tannine, it reduces the secretions. Amongst other cases, the writer communicates one of ulceration (strumous) of the sacrum, complicated with adhesion and ulceration of the lower portions of the intestines and profuse suppuration in the rectum. At the same time the patient complained of an intolerable pain in this region, such as the author had never witnessed. Here a 10 per cent. solution of the peroxide of hydrogen, with tannine and dilute hydrochloric acid, gave the best results. Though the case ended fatally, the secretions and pain were easily controlled. In a case of chronic dysentery, with frequent dejections of thin, fetid stools, a solution of the remedy with tannine, injected high up into the intestine by means of a long rubber tube, once a day, produced at first discharge of pus or masses of pus and blood, and a cure in a short time.

—[Pritchard.]

## AN ADDRESS.

Delivered at the Twentieth Annual Commencement of the Cincinnati College of Pharmacy,

BY

LOUIS KLAYER, Ph.G.,

President of the Board of Trustees and College.

It is hard to realize that since our last "Annual Commencement" the close of another year in the history of our college is upon us. Our meeting here to-night commemorates the fact that this is the twentieth anniversary of the Cincinnati College of Pharmacy, and it is for the purpose of conferring the degree of Ph.G., or, in other words, the degree of Pharmacy, upon the graduating class. It is mainly to you, kind friends, who have honored us by your presence, and to you who stand upon the threshold of a life of future usefulness, that I need address my remarks.

Scientific pharmacy has advanced farther during the last five years than in any five consecutive years in the history of our country. Meanwhile the Cincinnati College of Pharmacy accomplished a large amount of work in the advancement of pharmaceutical education. It has increased its capacity and sphere in order to meet the rapidly increasing demand for a higher and broader education in analytical and pharmaceutical chemistry. Through these means, largely, the standard of pharmacy is being advanced, and is acquiring a more professional and higher character.

The time has *arrived* when pharmacy is to be something more than a mere trade, consisting only of buying and selling drugs, patents and sundries. If our business consisted only of this, in these days of capital and competition, it would soon be monopolized by capitalists, who would crowd the small dealers out of the business. Our only safety lies in the monopoly which education and skill will give us. I think ours should decidedly be a case of the survival of the fittest.

There is no avocation in the life-calling of men where so much absolute responsibility rests as upon that of pharmacy, and there certainly is no avo-

cation in life that pays as little for the great responsibility, the long hours, the close confinement and the multitudinous duties as that of a pharmacist; and, furthermore, there is no avocation that requires so great a length of time to prepare for the proper performance of its duties.

By education only can the standard of pharmacy be elevated permanently to its proper level. A little learning is a dangerous thing, and there is no place where a little learning is more dangerous than in a drug-store. There is no time in the life of a young man when his every word and act, needs more careful watching than when he has been in the drug-store one or two years, and he thinks he knows it all. You are but beginning to learn. Our native poet Longfellow says:

"Still achieving, still pursuing,  
Learn to labor and to wait."

Byron has said, "Knowledge is *power*;" rather he should have said the true application of knowledge is power. For in your case, gentlemen, it is not so much what you have learned as it is the mother-wit to know how to use that knowledge.

Daniel Webster's advice to young men entering their profession is equally applicable to you: "Where the ranks of mediocrity are crowded you will find plenty of room at the top of your profession." The young man just starting out in the pharmaceutical profession must not look to the rank and file of the army of druggists; his gaze must be upon the more successful ones, and his ambition be to learn and imitate their example. He should do even more, and strive to improve on the past records. The old advice, to place your mark high and then aim above it, applies just as aptly to the young druggist as it does to any member of the human race.

It is my desire to call attention more particularly to the fact that a young pharmacist has no right to jump at hasty conclusions, but should use careful judgement in all that pertains to our calling. The rapid dispenser or salesman is a desirable one, if with it comes



is certifying to a character and ability that the employé does not possess. The druggist should deal more honorably in this respect with his *confrères*, and refrain from giving any certificate or recommendation to those who are not worthy of them. Incompetency in a clerk brings a bad reputation to a pharmacy, and many a business suffers because the clerk is either reckless, negligent, impudent, hasty, has bad habits or bad manners. The customers of a drug-store are quick to discern the absence of good qualities. As a rule, they do not complain to the employer, but they, their trade and their influence, go elsewhere. No employer who has a pride in his business, and any desire to see it increase, can afford to retain clerks who are unpopular with his customers. The druggist has a constant anxiety on his mind lest something should go astray in his absence. He deals with so many articles that may destroy life that he has it on his mind even when absent from his store. It is a *thorn* which he constantly shares with his pleasures, for one can never be sure where there may be some lurking *evil eye* to destroy his peace.

The pharmacist who acquires his knowledge and skill only after long and careful study never has the hope of more than a reasonable competency from his business, yet he is supposed to be a *grandee* in wealth, while facts show him a patient laborer, having many struggles to retain his good name and fame, and at all times subject to vicissitudes that come to no other business man, and yet the people so often begrudge him a fair living.

The druggist sells his stamps, his penny's-worth of wax.

His store is open holidays and all.

The toil and sweat that doth from pharmacist proceed

Is quite *q. s.* to furnish all that he might need  
To give him comfort, happiness and ease,

stained his hands;  
He hopes against hope, he buys on trust and pays the jobber when he can.  
The jobber is his "Uncle," with whom he leaves a *pledge*,  
And at the end of every month is on the ragged edge.  
Thus years roll on, and at the end of each,  
*Wealth, power and fame* are still beyond the reach  
Of this poor *slave*.

Now, brother-graduates of to-night, after four years of hard study, you have been declared competent to deal in drugs, to prepare and dispense medicines; but remember that with this declaration new responsibilities have fallen upon you, responsibilities which have been borne heretofore by your preceptors. The Cincinnati College of Pharmacy sends you to take your place on the broad field of battle. She considers you qualified for her degree, thinks you fit companions of your predecessors, deems you worthy associates of the alumni of other schools. See to it that you prove yourselves deserving of the honor I now confer upon you—Ph.G., or Graduate of the Cincinnati College of Pharmacy. Gentlemen, remember that this is your commencement, the beginning of your independent individual work of life.

However studious you may have been, however fully you may have received and securely laid away the *teachings* you have had, you are but on the shore of the vast *ocean* of *knowledge*, whose further border is in infinity. Whether you but wet your feet in the lapping waves or sail beyond the heretofore utmost limit of human reach, the unknown will far outstretch the known. Be modest, therefore; be diligent, be careful. The sea will not always be smooth or the sky serene.

In behalf of myself, my worthy associates and the college, I bid you farewell and *success*.

# ON PRIMARY TUBERCULOSIS OF THE PHARYNX.

WITH REPORT OF A CASE.

BY

MAXIMILIAN HERZOG, M.D.,

Assistant to Dr Otto Seifert's Polyclinic for the Diseases  
of the Nose, the Buccal Cavity and the  
Larynx, at Würzburg.

Why it is that most pathogenic micro-organisms, whenever they invade the human body, should manifest an evident tendency and show an outspoken predilection for certain tissues, and should likewise show an unmistakable dislike for others, we know not. This question is still an open one. Our artificial cultures in the test-tubes do not answer it in the least. We, therefore, are not in a position to know the circumstances responsible for the fact, that under conditions, seemingly equal ones, a certain micro-organism should get along well in one tissue, less good in another part, and not at all in a third place in the human system. All we can do at the present state of our knowledge on the subject, is to multiply our observations of the favored and not favored seats of such diseases showing these phenomena. If we consider how frequent pulmonary and laryngeal tuberculosis is, and if we take into consideration that the tubercle bacilli find their way into the lungs along the natural road of the respiratory tract, we must be astonished to find that primary tuberculosis of the parts of the respiratory tract above the larynx is a thing of rare occurrence. Even secondary tubercular affection of these parts is not all frequent. We must not forget, of course, that these parts of the respiratory tract are to act, so to speak, as a filter against the micro-organisms suspended in the air, and therefore have to be equipped in a manner to be able to perform this duty, and to make innocuous the dangerous enemies. But these parts are not armed for the desired purpose in an idle manner, as is too clearly demonstrated by a large number of diseases which we meet as primary affections in the buccal

diseases of the tonsils, the different forms of tonsillitis, of the diphtheria produced by Löffler's dumb-bell bacillus, and the diphtheria caused by the pyogenic streptococci. The parts which are so often invaded by the micro-organisms mentioned seem to be endowed with a very high degree of immunity against the most common of all diseases—tuberculosis. Cases of primary tuberculosis of the tonsils and of the pharynx are, as may be gathered from a careful review of the literature upon the subject, very rare diseases. Some very competent observers even go as far as to deny that such a thing as primary tuberculosis of the pharynx ever does occur. This view, however, seems to be an erroneous one, because even if cases may be very rare, and may be doubtful to some extent, we are not entitled to proclaim that such a thing as primary tuberculosis of the pharynx is impossible. Schech,<sup>(1)</sup> in his book concerning the tubercular diseases of the parts in question, says:

"A relatively rare location of general tuberculosis is the buccal cavity and pharynx. If we consider how frequent this disease is in the parts immediately adjoining the larynx, we must note with astonishment its rare appearance in the pharynx. We believe that this is explained by the fact that the tubercle bacilli do only with great difficulty adhere to the mucous membrane of the buccal cavity and pharynx, from which parts they are removed by the act of masticating and swallowing. Concerning the pharynx, as well as the larynx, the question is to be raised whether there is such a thing as primary tuberculosis. The possibility that the tubercle bacilli locate themselves primarily in the parts under discussion may be admitted. The author (Schech) has seen repeatedly that the pharynx may be the seat of tubercular disease before there are any manifestations on the part of the larynx or lungs; but his observations compel him to assume that

<sup>1</sup> Schech: "The Diseases of the Mouth, the Buccal Cavity and the Pharynx," Leipzig and Wien, 1890, pp. 195, 196.



when such disease is noticed there are already some occult deposits of tubercular matter in other organs of the body, even if it has been absolutely impossible to diagnosticate them in an objective manner. The tubercular virus may be dormant in the body and make no manifestations at all, just like the syphilitic virus."

To sustain this view, that primary tuberculosis of the larynx is a thing next to impossibility, and that whenever it appears a real primary deposit elsewhere has been overlooked, Scheck quotes the following case, which came under his observation: A patient who had shown the symptoms of tubercular catarrh of the left apex, with hæmoptysis, got seemingly well. After fifteen years of apparent perfect health he suddenly developed an otitis media and tubercular ulcers of the velum palatinum and the inner sides of the cheeks. To quote this case as a proof for the view that pharyngeal tuberculosis is always a secondary affection, seems to me a rather dangerous *post hoc ergo propter hoc* argument. More natural certainly seems the view that the process in the left lung had run its course and become extinct, and the occurrence fifteen years later is to be regarded as a new invasion of tubercle bacilli from without.

We have quoted somewhat at length the views of Schech, because he has written the best book on diseases of the buccal cavity, the pharynx, etc., in the German language, and even if his views on primary tuberculosis of the pharynx are erroneous, as we believe they are, they prove how *rare an affection it must be by all means*.

Not such a rare occurrence as primary tuberculosis of the pharynx is the secondary tubercular affection of this part. It appears, on the contrary, that the tonsils, in the last stages of pulmonary phthisis, are frequently the seat of miliary tubercles. Strassmann<sup>(1)</sup> examined twenty-one cases of pulmonary consumption, post-

on the tonsils in thirteen cases. But the observer calls attention to the fact that there was in no case an ulceration of the tonsil to be noticed. The author believes that the infection of the amygdalæ is caused by the tubercular sputum. That secondary tuberculosis of the pharynx, showing ulceration, is, by no means, a very frequent thing, we may gather from a report of Kidd,<sup>(1)</sup> who, in 500 autopsies, found ulcerative tubercular processes of the soft palate only four times; of the buccal cavity six to seven times. These cases are most probably all secondary tubercular affections of the parts mentioned, and their number is certainly small, if we consider what a large number of the total of 500 cases will fall to tuberculosis in some form or other.

Different from the observations of Strassmann are those of Dmochowski,<sup>(2)</sup> who reports fifteen cases of tonsilar tuberculosis, and remarks that this affection generally leads to ulceration. In his investigations about the diseases of the tonsils, and the follicles at the base of the tongue, the same author reports five cases of extensive tuberculosis of the larynx, with small ulcerations in the buccal cavity.

It seems rather doubtful whether we should assume, on the ground of the observations of Strassmann and Dmochowski, that secondary tuberculosis of the tonsil is of such frequent occurrence, because in the first instance both authors differ completely. As to the question whether tubercular tonsilitis leads to ulceration or not, one claims that he never noticed it in his thirteen cases, and the other one proclaims that tubercular tonsilitis always leads to ulceration.

On the other hand, we have Kidd's report on 500 post-mortem examinations, among which are certainly many cases of tuberculosis, but tubercular affection of the palate and the buccal cavity is only mentioned ten times, while tonsilar

<sup>1</sup> Virchow's Archiv, referred to in the Centralblatt für Laryngologie, etc., 1884, p. 142.

<sup>1</sup> Centralblatt für Laryngologie, 1886, p. 437.

<sup>2</sup> Z. Dmochowski, in Gazeta CKarska, 1889.

view that ulcerative tonsillar tuberculosis, even of a secondary nature, is rather rare. Hodenpyl<sup>(1)</sup> declares that "tubercular tonsilitis is an uncommon affection." To sustain the view that even secondary tuberculosis of the tonsils and the pharynx, as far as it may be diagnosed macroscopically *inter vitam*, is not common, we may add that cases of this kind are always reported in a manner which proves that the observer considers it as a thing of non-frequent occurrence. Such cases are reported by Krause,<sup>(2)</sup> Schmiegelow,<sup>(3)</sup> Kasauski,<sup>(4)</sup> Goodhart<sup>(5)</sup>.

While in this manner opinions as to whether secondary tonsillar and pharyngeal tuberculosis is a disease of more or less frequency differ, there is no doubt that primary tubercular affection of the parts is of very uncommon occurrence. Cases which are of an undoubted primary character are to be found in a very small number only in the medical literature. In enumerating these cases we may also mention some few which are somewhat doubtful as to their primary or secondary nature. In conclusion, we are going to report our own case, which is the more interesting, as a complete healing was obtained, as far as the process in the pharynx is concerned.

Lublinski,<sup>(6)</sup> who considers isolated tuberculosis of the tonsils as a clinical variety, reports two cases of genuine ulcerative tonsillar tuberculosis. In one case pulmonary tuberculosis was also present, but the other case is claimed to be a case of primary tuberculosis of the right tonsil, the uvula, and the pillars of the fauces.

Abraham<sup>(7)</sup> reports a case of pri-

mary character.

Schleicher<sup>(1)</sup> contributes a case concerning a male, aged thirty. He showed tubercular ulcerations on the right side of the posterior pharyngeal wall, the base of the tongue and the left arytenoid cartilage. The author himself says that he is unable to state whether the tuberculosis of the pharynx or that of the larynx was the primary affection.

Wohlauer<sup>(2)</sup> reports two cases of tuberculosis of the pharynx. He believes one to be undoubtedly of secondary, and the other probably of primary character.

Haurin,<sup>(3)</sup> in Norway, reports the case of a girl, twenty-two years old, who was admitted to the author's clinic March 22, 1888. She complained since the middle of January of the same year of great pain in swallowing. An examination of the case revealed ulcerations of the posterior part of the velum palatinum, of the entire uvula, the pillars of the fauces, the tonsils, and of the posterior pharyngeal wall. Larynx normal, except as to mucous membranes of the epiglottis, introitus laryngis and ligamenti vocales spuria, which appeared somewhat thickened. No infiltration of the apices of the lungs. These objective symptoms remained unchanged until the patient died, three and a half months after her admittance to the clinic. No post-mortem. Primary tuberculosis of the oesophagus was suspected in this case.

De Concillis<sup>(4)</sup> tells us of the case of a male patient, aged thirty-eight, who presented himself after having suffered for fifteen months of aphonia, pain on swallowing, feeling of a foreign body in the throat, cough and ptialism. An examination showed tubercular changes in the larynx. Lungs normal.

1 Hodenpyl: "The Anatomy and Physiology of the Faucial Tonsils," etc., New York. *Intern. Journal of Medical Science*, March, 1891.

2 *Centralblatt für Laryngologie*, 1884, p. 143.

3 *Ibid.*, p. 387.

4 *Ibid.*, p. 63.

5 *Monatsschrift für Ohrenheilkunde*, No. 35, 1892.

6 *Inter. Centralblatt für Laryngologie*, 1887, p. 389.

7 *Dublin Journal of Medical Science*, O.

1 *Annales de la Société de Médecine d'Auvers*, Ferrier, 1886.

2 Wohlauer: *Dissertatio Inauguralis*. Breslau, 1891.

3 *Medicinsk Revue*, December, 1888.

4 *Archivi di Laryngologia*, fasc. IV.

Buccal cavity and pillars of fauces showed roseolar oedematous spots, with minute ulcerations in their middle. The uvula shows two larger ulcers, with irregular, infiltrated margins and caseous bottom. De Concillis is inclined to think that the laryngeal tuberculosis was the primary affection in his case.

*Cases of undoubted primary character.*—We have only found the following in the literature:

Uckermann<sup>(1)</sup> reports a case of primary tuberculosis of the velum palatinum in a widow of thirty-five years. The nature of the ulcer was clearly demonstrated by the finding of tubercle bacilli in the secretion. No changes found in the lungs and larynx. After treatment of one month with a 20 per cent. carbolic acid-glycerin solution and iodoform the ulcer healed kindly, leaving an insignificant cicatrix only.

W. Wroblewski<sup>(2)</sup> examined fourteen cases of pharyngeal tuberculosis. The different parts of the pharynx were affected in the following manner: the pillars of the fauces fourteen times; the uvula ten times; the wall of the pharynx six times; the tonsils six times. One of these fourteen cases was one of primary origin in the pharynx. In two cases the author obtained a complete healing by surgical interference.

J. W. Gleitsmann<sup>(3)</sup> reported to the Laryngology Section of the Tenth International Medical Congress, in Berlin, a case of primary pharyngeal tuberculosis. The ulceration in his case was found on the base of the tongue, epiglottis, left tonsil, and anterior pillars of the fauces. The successful treatment consisted in curetting, galvano-caustic and lactic acid application.

We have to add our own

#### CASE REPORT.

The patient, a merchant aged thirty-three years old, came to the polyclinic of Dr. Seifert, July 18, 1890. The history presented no features of special

interest. The patient is married, and the father of two healthy children. Some time before presenting himself at the polyclinic he noticed pain on swallowing, and a profuse secretion of mucous from the nose. The patient denies ever having been infected with syphilis. The physical examination showed normal lungs, no trace of a catarrh or an infiltration of the apices; other organs likewise in a normal condition. The buccal cavity and pharynx presented a normal, smooth tongue, *right tonsil partly ulcerated, ulcer deeply excavated, a second ulcer on the left side of the posterior wall of the pharynx*, both ulcers about the size of a copper cent, and their neighborhood in a condition of inflammatory redness. *Larynx perfectly normal.* A careful examination of the entire body of the patient could not reveal any signs or symptoms of a former or a recently-acquired syphilis. Twice the scanty secretion, taken directly from the two ulcers, was examined for tubercle bacilli, but the result of the search was a negative one. Certain as the diagnosis of tuberculosis of the pharynx appeared, yet an anti-syphilitic test was made, and the patient was treated for six days energetically by mercury (inunction of the ung. hydrarg.) and the iodide of potassium. On July 23, after this treatment had been kept up for six days, the ulcers had extended, and there could be no doubt at all that they were not of syphilitic, but of tubercular origin. Consequently it was resolved to treat them by surgical interference. They were, therefore, the patient being previously chloroformed, cauterized most thoroughly by the Pacquelin cautery. The operation was performed with the head of the patient in an overhanging position, in order to be able to clean the ulcerated parts very carefully without having to be afraid of an aspiration—pneumonia. The after-treatment consisted in a frequent gargle with potass. hypermang. sol. Under this treatment the ulcers healed very promptly, and after a few days the patient disappeared and did not show up for some time at the polyclinic.

On the 17th of September of the

<sup>1</sup> *Norsk Magazin für Lægevidenskab*, XIV., g. H., 1884.

<sup>2</sup> *Inter. Centralblatt für Laryngologie*, 1884, p. 214.

<sup>3</sup> J. W. Gleitsmann: *New York Med. Journal*, October 11, 1890.

healed, leaving clean cicatrices. The patient's general appearance was good, he felt entirely well, lungs (which were again examined) normal. Towards the end of October the patient again presented himself, complaining about some trouble in the larynx. The latter being examined a small tubercular ulcer was discovered, situated in the incisura aryt. This ulcer healed under cauterization with lactic acid and insufflation of iodol. An infiltration having remained in the neighborhood of the ulcer in the larynx, the patient, in January, 1891, was treated by *tuberculin injections*. This treatment did not produce any effect upon the lungs or the cicatrices in the pharynx, which latter had long before this been considered as the vestiges of an absolute cure. The larynx, on the other hand, in which an infiltration around the apparently-healed ulcer had indicated a dormant tubercular process, showed the typical tuberculin reaction.

The patient still remains up to date (April 23, 1892) under treatment for his laryngeal tuberculosis. The lungs have hitherto at no time indicated any tubercular infection, the physical examination always indicating an absolutely normal condition. The pharynx, since the operation of July 23, 1890, has been permanently in a healthy condition, and the cicatrices of the former tubercular ulcers have always (even under tuberculin injection) behaved in such a manner that they may, with safety, be considered as the vestiges of a pathological process, which has, by a successful operation, become radically extinguished.

This case we may by right claim as one of primary tuberculosis of the pharynx, because it would be taking a very queer standpoint to assume that the laryngeal tuberculosis was the primary element in the case. At the time when the tuberculosis of the pharynx came under observation, which was after it had manifested its existence to the patient already for some months by subjective symptoms disagreeable to him, prompting him to seek medical aid—at

fact, the tuberculosis of the larynx did not appear until several months after the tubercular ulcers in the pharynx had been successfully treated. Whatever view we take of the laryngeal tuberculosis in this case, whether we assume it to represent a new invasion entirely independent of the pre-existing tuberculosis of the pharynx, or whether we believe it to be in some manner connected with the latter process, we are certainly entitled to claim a primary position for the tubercular ulcers on the tonsil and posterior pharyngeal wall, and rank our case among those rare ones of primary tuberculosis of the pharynx.

Würzburg, Bavaria.

#### IODOFORM IN SOLID GOITRE.

Dr. Wölfler (*Med. Neuigkeiten*, No. 52, 1892) uses parenchymatous injections of a solution of iodoform in the treatment of solid goitre, according to Mosetig, and in the following formula:

℞ Iodoform,	gm. 1 (grs. xv).
Ether,	gms. 5 (3¼).
Olive oil,	gms. 9 (3ijss).

Or:

℞ Iodoform,	gm. 1 (grs. xv).
Ether,	aa . gms. 7 (3ij).
Olive oil,	

The fluid must always be of a light yellow color, and transparent. A simple hypodermatic syringe is usually sufficient. Five to ten injections are enough for an ordinary case. Mosetig has tried this method in seventy patients; in many the result was excellent, in all satisfactory.

#### IODINE-COLLODIUM IN PARASITIC ALOPECIA AREATA.

Dr. Chatelain (*Md. Neuigkeiten*, No. 52, 1892), in a few cases of alopecia areata, probably of parasitic origin, observed rapid growth of the hair on the bald spots after the use of iodine-collodium (1:30). Apply the remedy to the spots, and, after several days, when it has scaled off, apply a second layer.

—[Pritchard.

## PRIMARY EPITHELIOMA OF THE AURICLE.

Report of a Case to the Academy of Medicine,  
April 18, 1892,

BY

S. C. AYRES, M.D.,  
CINCINNATI.

Epithelioma of the auricle is a rare affection. While it is seen not infrequently on the eyelids, it seldom occurs on the auricle or the external meatus. The text-books speak of it as a rare disease, and the current literature shows a case only here and there.

The patient from whom I removed the specimen which I show you was an Italian, about thirty-five years of age. The growth is located, as you see, on the upper and posterior portion of the auricle, and originates in the skin and involves the free edge of the cartilage. It is circular and about half an inch in diameter. It is rough but does not bleed, and it is firm to pressure, the outer edge being indurated. It has been growing for a few months, and recently has given him considerable annoyance. Extirpation was recommended, to which he consented. I decided to remove it thoroughly by excising enough of the auricle to include the entire growth. I made a vertical incision through the skin and cartilage, beginning above and cutting directly down and coming out in the upper portion of the lobule. This preserved the appearance of the ear better than to take out a notch which would include the growth alone. The skin was drawn over the cartilage by means of several suture, and the ear dressed with iodoform gauze. The incision healed *per primam*, and in a short time the patient was discharged. It is too soon yet to say whether there will be a return of the growth.

A case very much resembling this one was reported by Dr. W. W. Seely to the American Otological Society in 1883, only in his case the growth involved both the anterior and posterior aspects of the ear and was much more extensive, and necessitated the removal of the entire cartilaginous portion of the

ear. Dr. J. Orne Green reported a very similar case to the same society in 1870.

Epithelioma may involve the meatus alone, and several such cases are on record; one of special interest is reported by Dr. Kipp. I have seen but one case of epithelioma of the meatus. It occurred in a young man of thirty, and started from the floor of the external meatus. It was curetted at the time, but since then the patient has been lost sight of, and I cannot say whether it returned or not. When the growth involves the auricle alone it can be more satisfactorily treated, and thorough extirpation is certainly good practice. If the patient can be kept under observation we might first attempt removal by curetting it, but thorough excision is probably the safest method.

## REPORT OF A CASE OF CYSTITIS.

A Paper read before the Academy of Medicine,  
April 18, 1892,

BY

EDWIN RICKETTS, M.D.,  
CINCINNATI.

Mrs. T., aged forty-two, married twelve years; one child, eleven years of age. At the birth of this child she had a tedious and protracted labor, followed by puerperal fever lasting near six weeks. The highest point reached by the temperature was 107° F. Since her recovery from the puerperal peritonitis she has been annoyed with having to get up from one to three times nightly to empty the bladder. There is no laceration of the cervix or the perineum, nor was there any malposition of the uterus. Bowels regular. A close examination of the kidneys revealed nothing abnormal. The present attack, from which she has recovered, began in January, 1892, and on account of her timidity no examination nor rational treatment was permitted until near February 1, when the bladder was washed out first with warm water, followed by warm boracic water. This remedy was displaced by hydrastis, and one-fourth of a grain of sulphate of zinc to the ounce of water. The

catheter—soft rubber—was clean at each using. There was no gonorrhœal history. The bladder was gradually distended by means of the syringe and catheter and sounded for stone. The double canula catheter was not used, for the reason that I think the single one much better. In February the administration of tincture of belladonna root was begun in five-drop doses three times daily, increasing gradually the dose until *twenty-eight* drops were given three and four times daily before the expiration of eight weeks. The disease did not yield to treatment until these large doses of belladonna, along with the daily washing out of the bladder, had been resorted to. I never gave such doses of belladonna before. She now does not have to get up during the night more than once—many nights not at all; nor has the uterus been shoved up from the bladder by a pessary in order to relieve pressure.

#### ESSENCE OF CASSIA AS AN ANTISEPTIC.

Dr. Black (*La Semaine médicale*, No. 59, 1891) has found the essence of Chinese cassia a powerful antiseptic, even in a 1 : 4,000 solution. It is superior to boric and carbolic acid; it is not irritating, and has an agreeable odor. It may be used with advantage as an antiseptic in surgical and gynecological practice, and as an emulsion, dissolved in distilled water, or mixed with boric acid. For concentrated solutions use a concentrated solution in cinnamon water.

#### COD-LIVER OIL AS A PROPHYLACTIC IN THE GRIPPE.

Prof. Ollivier (*La Semaine médicale*, No. 6, 1892) ascribes to cod-liver oil a specific prophylactic action in the grippe. It protects against the ominous colds of the influenza periods. Children, as well as old persons, took from one to two soup-spoonfuls a day, and remained all free from the disease, while those of the same families who were not protected thus were attacked.

—[Pritchard.]

## Society Reports.

### ACADEMY OF MEDICINE.

OFFICIAL REPORT.

*Meeting of April 18, 1892.*

The President, G. A. FACKLER, M.D., in the Chair.

T. V. FITZPATRICK, M.D., Secretary.

*Discussion on Anthrax.*

DR. JAS. T. WHITTAKER:

The speaker opened the discussion with a short sketch of the history of anthrax, and a more detailed account of its cause—the bacillus anthracis. He continued:

“The disease presents itself in two forms—external and internal. The external is the malignant pustule or charbon. The internal is the infection of the intestine or thorax which shows itself as a variety of blood-poisoning. The first sign of external infection is usually a slight itching or burning sensation on the face or neck. At the site of infection there appears a small vesicle with bloody contents, which escape on rupture of the vesicle to form the black crust which constitutes the anthrax. The peculiarities of the infection now show themselves as, first, a dissemination about the vesicle, which Virchow calls the parent nucleus. The skin becomes livid and hard. The rapid extension of the inflammation, involving the subcutaneous tissue, gives rise to the second peculiarity—a brownish and œdematous state of the skin. This so-called ‘brawny œdema’ quickly involves a great mass of tissue, as the whole of one arm, or one side of the neck. The lymph vessels and glands are speedily implicated. Constitutional signs set in, as a rule, by the end of the second day, with delirium, diarrhœa, sweating, vomiting and collapse. But, in the majority of cases, the anthrax sloughs off, the subjacent ulcer closes over, and the constitutional symptoms subside. The internal infection usually begins suddenly with a chill, pain in the head and joints, vomiting and diarrhœa. Free hemorrhages from the mouth, nose and kidneys are not unfrequent.

distinguishes anthrax is the outbreak upon the skin of small carbuncular inflammations. These are the so-called 'metastatic carbuncles.'

"Cases are now and then reported in which these metastases are absent. In these cases a diagnosis is exceedingly difficult. Anthrax is distinguished by the red papule with a dark center, and by its rapid extension, with brawny œdema. The black center is absent and any extensive surrounding inflammation is absent in a common boil or furuncle. Carbuncles show themselves much more frequently on the back of the neck, trunk and extremities; anthrax occurs on uncovered surfaces. Anthrax spreads from one central point, or parent nucleus; carbuncle results from the coalescence of a number of points. Anthrax œdema, in the absence of the central papule, is distinguished by its sudden appearance, its yellow-greenish hue, and septic signs.

"Cases of doubt are quickly cleared up by the inoculation of any small animal. A guinea pig or mouse shows immediate signs of infection, and succumbs in the course of two or three days. The blood of these animals then swarms with bacilli."

After some remarks on prognosis and prophylaxis, the speaker spoke of the treatment, the success of which he said depended on the energy of the local attack. Crucial cuts should be stuffed with carbolic acid, or corrosive sublimate, or the mass, after being anesthetised with cocaine, should be scooped out and dressed with weaker solutions. The general infection is best treated by the analeptics.

DR. LEONARD FREEMAN:

It is popularly thought that various kinds of micro-organisms may be recognized by means of the microscope alone. With most species, however, it is necessary to employ all the different methods of cultivation, and perhaps inoculation, before they can be differentiated with certainty. The anthrax bacillus is one of the few bacilli possessing distinctive characteristics beneath the microscope.

ping of the ends of the little rods, like the extremity of one of the phalangeal bones; and when a number of bacilli are united end to end, small lenticular, clear spaces appear between the individual members of the chain.

The spores of anthrax are interesting, partly because they have been so extensively studied, and partly because they are so difficult to kill by our ordinary antiseptics that they have been used as a basis for testing all processes of sterilization.

The first step in the formation of a spore, is the appearance of a cloudiness in the bacillus. This opacity gradually increases until an oval, shining body, with a comparatively thick and hard membrane is seen within the bacterium. The bacillus then disappears, leaving the spore free in the surrounding medium. These little shining bodies are very difficult to kill, even existing for some time in a 5 per cent. solution of carbolic acid.

Among the various antiseptics, there is one which is usually lost sight of, and which, nevertheless, is effective in destroying anthrax as well as other pathogenic germs, and that is sunlight. The difficulty which we have in killing the spores of anthrax is of some practical importance. Von Bergman, of Berlin, has collected a number of cases in which anthrax infection took place through the use of catgut prepared from the intestines of diseased sheep.

Perhaps the most interesting point about anthrax is that the virulence of its culture may be lessened or increased at will, and that attenuated cultures may be used to vaccinate against the disease itself. The attenuation is usually obtained by growing the bacilli at temperatures considerably higher than those at which they ordinarily grow—say 42°.6 C. Cultures grown for but a short time at a higher temperature, lose their virulence but are apt to speedily regain it again; while cultures grown at a comparatively low temperature for a long time, do not regain the virulence

virulence. If an animal be inoculated with cultures of gradually increasing pathogenic properties, immunity to the cultures of full strength may be obtained. Pasteur employs bacilli of three different grades of virulence for inoculation purposes.

As Koch has shown, however, the immunity produced in this way manifests itself principally against local inoculation-anthrax, and not against that acquired through the intestinal tract, and hence is not of such great importance in preventing the spread of the disease among sheep and cattle, as was at first supposed.

DR. S. P. KRAMER:

Just as the anthrax bacillus has been the classic germ for the investigation of the various properties of the pathogenic bacteria and of the mode of infection and disinfection, so it has also been the classic object for the investigation of attenuation and production of immunity. While this subject has been touched upon by the previous speaker, there remains but little else for me to say other than to further describe the various processes employed.

The most convenient and secure method for the attenuation of the anthrax bacillus is that by exposure of the cultures to temperatures of from  $42^{\circ}$  to  $55^{\circ}$  C., for varying periods of time. The lower the temperature employed, the longer must the exposure be. Toussaint employed a temperature of  $55^{\circ}$  C. for ten minutes.

The following temperatures with the requisite periods of exposure are given by Chauveau.

At  $52^{\circ}$  C., fifteen minutes were required.

At  $50^{\circ}$  C., twenty minutes were required.

At  $47^{\circ}$  C., one to four hours.

At  $42^{\circ}$  to  $43^{\circ}$  C., twenty hours to destroy the pathogenicity of the germ.

According to Pasteur and Koch, a temperature of  $43^{\circ}$  C. for six days and of  $42^{\circ}$  for twenty-eight to thirty days, will destroy the virulence of the bacillus. More than thirty days will destroy the germ. Attenuation produced by

—seems to be the most permanent in the method of Pasteur and Koch the bouillon cultures are placed in Erlemeyer flasks and kept at  $42^{\circ}$  C. Great care must be taken to keep this temperature constant, since a lower temperature than this will permit the formation of spores, which if it occur, will defeat the experiment: From the eighth day onward samples are taken and sown either directly on bouillon kept at  $37^{\circ}$ , or after first passing the bacillus through the body of a mouse. Such cultures retain for a long time the degree of attenuation originally produced. After an exposure of ten days at  $42^{\circ}$  the bacillus is so attenuated that rabbits and guinea pigs are not seriously affected by the inoculation. The cultures used by Pasteur for vaccinating sheep are such which have been treated as above for twelve and twenty-four days respectively.

Other methods have been used with varying success, such as the addition of various antiseptics to the culture: carbolic acid, bi-chromate of potash, sulphuric acid, etc., by Toussaint, Chamberlain and Roux; exposure to sunlight (Arloing); increased atmospheric pressure (Chauveau and Wossnessenski).

There are two methods of vaccination for anthrax in vogue, the method of Pasteur and that of Chauveau. That of the former consists in using vaccine obtained from cultures exposed to  $42^{\circ}$  and  $43^{\circ}$  C., for periods of twelve and twenty-four days. Two strengths of the vaccine are used. The first vaccine is obtained from cultured exposed to this temperature for twenty-four days, and is fatal to mice but not to rabbits and guinea pigs. Of this, there is injected in the thigh of the sheep a quantity equal to one mark in a hypodermic syringe. Bovines receive twice this quantity, injected behind the shoulders. After twelve to twenty-four days, they are injected with the second or stronger vaccine which is obtained from a culture fatal to mice and guinea pigs but not to rabbits.

Chauveau's vaccine is produced by exposure of the cultures to a higher



The results can hardly be said to be satisfactory. In sheep the results are very uncertain; it is attended with a great deal of danger to the sheep inoculated and to other animals of the herd, and the immunity produced is not very great, nor does it last for a great length of time. In the bovine species, the results are somewhat better. A stronger vaccine can be used and the danger is less. But even here the duration of the immunity is an uncertain quantity. Moreover, Koch has shown that the animals so treated can still be infected through the digestive tract, the natural mode of infection.

It is difficult to see how the experiments in this line can succeed, so long as it is not proven that one attack of this disease confers immunity.

There is one more point to which I would like to call your attention before closing. The previous speaker in his discussion has described to you the method of determining the antiseptic power of various agents by means of exposing anthrax spores dried upon silk threads to the fluid to be tested. In this method the silk threads are allowed to remain in an antiseptic fluid for a given time, are then placed in culture tubes which are kept in an incubator, and the occurrence or non-occurrence of growth being taken as an indication of the life or death of the spore. In the late investigations of Gelpert, it has been shown that notably in the case of bi-chloride of mercury this method is attended with considerable error. He found that in transferring the silk threads from the antiseptic fluid to the culture tube, a small quantity of the antiseptic was carried along and deposited on the culture soil and that the antiseptic had inhibited the growth of

the bacteria. However, they were not in this country. I saw them while abroad in one of the large hospitals in Austro-Hungary. Among the six hundred patients confined in this hospital, were four with malignant pustule. A lot of animals affected with the disease had been killed by the sanitary authorities, and these four men had tried to obtain the hides of the animals after they had been buried, and contracted the disease. The pustules were about as large as the hand. The carbuncles which we see in this country are entirely a different disease from the malignant pustule. I doubt very much whether we have malignant pustule in this country, although the many hides imported could prove to be a very good source of infection.

DR. J. L. CLEVELAND:

The discussion, so far, has been from the standpoint of the bacteriologist. The point I would like to see brought out is the question, Do we have anthrax in this country? I have never seen a case of it. Yet it may be possible that the disease exists and we are not able to diagnosticate it; or it may be possible that we have the disease and diagnose it by a different name.

I remember, when I was a student, a young man suffered with a disease which Prof. Bartholow called malignant pustule. Of course, the disease as we know it comes entirely from a foreign source.

DR. JAS. G. HYNDMAN:

I wish to call attention to the report made some few years ago of the case of Dr. Rea, of Chicago, who died of malignant pustule. An educated physician, and an able diagnostician, he

DR. WHITTAKER, in closing, said:

There is no question of the existence of cases of anthrax in our country, but they are always found in connection with material, such as hides, brought from foreign lands. In Boston there was a case recorded which was contracted by handling rags which were brought from Egypt. If we were, perhaps, more willing to recognize the disease, we would see it oftener. [The speaker here narrated a case.] If a case of this kind is not anthrax, from its characteristics what could we consistently call it? I recall the case also of a young merchant who had a pustule of the upper lip. It had a black center, and it radiated from this single center in a peculiar way, producing a brawny induration. There is no disease that resembles anthrax in this particular, unless it be the kind of carbuncle referred to. The disease, I know, is extremely rare with us. I have myself seen but these two cases. There is no disease where the germs swarm in the blood in such numbers as in anthrax. In any case an absolute diagnosis may be made with the microscope or with the physiological test. Anthrax is not so dreadful as it once was; familiarity has taken away its fright. People used to talk about it as of hydrophobia, with bated breath. Hydrophobia has been largely shorn of its horrors by study of it.

#### IODIDE OF POTASH IN CROUP.

A correspondent (*Correspondenzblatt der Schweizer Aerzte; Med. Neuigkeiten*, No. 52, 1892) treats croup successfully as follows:

1. Place large buckets of boiling water near the child's head.
2. Give internally the iodide of potash (1 or 2 per cent. solution), five to ten grammes (one and a half to two and a half drachms), according to the child's age.

A profuse watery secretion of the upper air-passages takes place, the membrane is cast off and the formation of new ones prevented.

—[Pritchard.

## Translations.

### THERAPEUTIC NOTES

FROM FRENCH, GERMAN AND DANISH  
JOURNALS.

TRANSLATED BY  
F. H. PRITCHARD, M.D.,  
NORWALK, O.

#### TAPEWORM EXPELLERS.

1. *Strontium lactate*.—Dr. Laborde (*Med. Neuigkeiten*, No. 52, 1892) finds the lactate of strontium an efficient tapeworm expeller. He uses the following formula:

℞ Lactate of strontium, . gms. 20  
(3v).  
Distilled water, . gms. 120  
(3iv).  
Glycerine, q.s.

Two spoonfuls daily, in the morning, on an empty stomach, for five consecutive days.

At the end of this time one may be certain that the worm will be expelled. Strontium is not only absolutely harmless, but it also prevents fermentation and the development of micro-organisms in the alimentary tract.

The Danish journal, *Ugeskrift for Læger*, No. 15, 1891, contains an extensive review of tæniifuges, of which we extract the following one:

2. *Kamala*.—This drug may be given, either unmixed with any vehicle, in compound tablets, or in the form of an electuary, as follows:

℞ Kamala, . . . . . 3ijss.  
Tamarind pulp, . . . . . 3ij¼.  
Syrup sufficient to make a  
thick electuary.

To be taken in the course of an hour by the teaspoonful.

This formula is especially useful in tænia solium, and can be used in children. As kamala is itself a purgative, none is necessary as in other tapeworm remedies.

3. *Male fern*.—This is best given in the ethereal extract, as follows:

℞ Ethereal ext. male fern, }  
Powd. root male fern, } aa 3ij¼.  
Acacia gum, a sufficiency.

Sufficient for ten oblong lozenges. To be taken in the course of an hour and a half.

The resin of male fern is best exhibited in combination with the bro-

mide of potash to insure the expulsion of the tapeworm. The object is to reduce peristaltic action. — *Pittsburgh Med. Review*, No. 11, 1891.

As the extract, as a rule, contains some ether, it does not at once furnish a good pill mass when mixed with the pulverized root, but must be first heated on a water-bath and then mixed with some mucilaginous substance.

4. *Pomegranate bark*.—This is well administered as follows:

℞ Pomegranate bark, . . . 3v.  
Macerate in ten ounces of cold water, boil down to seven ounces and add:  
Essence of peppermint, . . . ʒijss.  
Syrup, . . . ʒjss.  
Mix and filter.

Take in the morning, in three or four doses, in the course of a half hour.

The German pharmacopœia permits the use of the substance of the root as well as the bark; the Danish pharmacopœia only the bark. The alkaloid, pelletierine, recommended by Tanret, is usually given in the form of a tannate. The mother drug is preferable, as it contains a certain quantity of tannine, and is at the same time fully as active and less poisonous than the principle.

5. *Kousso*.—Kousso flowers are generally given in the form of compound tablets:

℞ Kousso flowers, . . . grs. xv.

Make into twenty tablets and cover with gelatine. Fifteen to twenty in the course of an hour.

These tablets, which are easily swallowed in a little water, lemonade or coffee, are much used at present. The active principle, roussine, has been but little used, though it is well recommended. The crystallized roussine, *rosinum crystallizatum*, may be given in doses of twenty to forty-five grains, taken in two or three doses in the course of an hour.

6. *Naphthaline*.—Dr. Mirovitch (*La Semaine médicale*, No. 25, 1891; *Norsk Magazin for Lægevidenskaben*, No. 7, 1891) regards naphthaline as the most efficacious of all remedies, and as indicated in all cases. There need be no fear of the head not coming away. In adults a capsule of fifteen grains may be

administered, to be followed by a dose of castor oil. Two days before taking the patient should eat sour, salty and spiced food. In children he uses the following formula:

℞ Naphthaline, . . . grs. iij-v.  
Castor oil, . . . ʒiv.  
Oil of bergamot, . . . gtts. ij.  
Take while fasting.

Be sure to employ a pure preparation.

7. *Pineapple*.—Dr. F. H. Lutterloh (*Pittsburgh Med. Review*, No. 11, 1891) has used pineapple in a case of tapeworm, in a young girl, with good results. He simply ordered one-half of one to be eaten.

8. *Cocoanut*.—Dr. Parisi (*O Galenos*, 1891) finds cocoanut to be a native remedy for tapeworm among the Abyssinians. They simply eat the inside of the nut and the worm is expelled. Follow it with a cathartic.

9. *Chenopodium oil*.—Ten drops of the oil of chenopodium on sugar is recommended as efficient.

10. *Ether*.—An ounce and a half at a dose, followed by a dose of castor oil in two hours.

11. *Pumpkin seeds*.—Pounded into an electuary and given two drachms at a dose. No remedy equals pumpkin seeds, given in from one to tumblerful of water, followed by a large dose of castor oil. One writer advises the following method of treatment: Take a light diet for two days, and no drink but lemonade. Then to pint of hulled pumpkin seeds, well bruised, add a pint of hot water; rub the mass through a colander, and in the morning, fasting, take one half of it, the rest in one hour after, and in three hours a full dose of castor oil. This plan is quite sure to have a successful result.

12. *Salicylic acid*.—Take eight grains of salicylic acid every hour, for four hours; in half an hour take a tablespoonful of castor oil. This has been used with success.

13. *Pine-needle oil*.—Eat no dinner and supper; the following morning take a teaspoonful of pine-needle oil in half a glass of milk; if no worm comes away by the next morning, double the dose. An hour after the second dose take a

full dose of castor oil. This drug succeeded in a case where other means had failed.

14. *Chloroform*.—Take no supper the evening before, and the next morning give a teaspoonful of chloroform, with sugar, before breakfast. Immediately after the chloroform take a tablespoonful of epsom salts. In an hour the worm will come away.

15. *Gun-powder*.—Take a tablespoonful in a cupful of milk, followed in ten hours by an ounce of castor oil. This has been used in twenty-five cases in succession.

#### A SALVE TO REMOVE THE ITCHING OF EXANTHEMATA.

Dr. Klein (*Med. Neuigkeiten*, No. 52, 1892) recommends the following salve to soothe the itching of exanthemata:

℞ Lanoline, . . . gms. 50 (℥iss).  
Vaseline, . . . gms. 20 (℥v).  
Distilled water, gms. 25 (℥vj).

Rub in well every three hours.

This salve is absolutely unirritating, quickly absorbed, cooling, and indicated in any stage of the disease.

#### SOLANINE IN PAINFUL STOMACH AFFECTIONS.

Dr. Desnos (*Le Bulletin médical*, No. 24, 1892) recommends solanine as an important and efficacious remedy in painful stomach affections; it acts much the same as cocaine, chloroform water, and the bromides of strontium and calcium. It is, in general, inferior to morphine, though it has succeeded where this latter has failed. Hypodermic employment, especially of morphine, is liable to lead to the formation of the morphine habit in certain subjects. These are principally hysterics, the degenerate and alcoholics. Here other sedatives of the gastric nerves, and especially solanine, may be substituted. Unfortunately, it is expensive. The writer has employed it in a large number of painful stomach affections—gastralgia, dyspepsia with painful symptoms, alcoholic gastritis, with or without dilatation of the stomach; in a case of ulcerous gastritis, with hematemesis,

an old case of ulcer of the finally, in a case of pyloric vomiting, the pain rapidly solanine. Hypodermatic is too dangerous; the pill form convenient. The ordinary centigrammes (three-fourths a half hour after meals; when is very severe it may be administered a mucilaginous solution. The dose should never exceed five grammes (two and one-third

#### THE CARBONATE OF SODA IN DIABETES VENOUSLY IN DIABETES COMA.

Dr. Koettwitz (*Medicinischen Mittheilungen*, No. 48, 1892) recommends venous injections of the carbonate of soda in the treatment of the diabetes. Inject a 3 to 5 per cent solution, made according to the

℞ Solution of cooking salt, c. (℥xijss).  
Carbonate of soda, . . . (℥ij)  
Bicarbonate of soda, . . . (℥j).

#### PAINFUL INFLAMMATION OF THE INTERNAL AUDITORY NERVE.

Dr. W. R. Amich (*Münchener Wochenschr.*, No. 12, 1892) recommends the following:

℞ Camphor, . . . 100  
Carbolic acid, . . . 30  
Alcohol, . . . 40  
Apply locally.

#### LAXATIVE FOR CHILDREN.

The following (*Med. News*, No. 52, 1892) is given:

℞ Castor oil, . . . gms. 1  
Infusion of coffee, gms. 6  
Sugar, . . . gms. 2  
Yolk of an egg.  
Mix and make an emulsion.

#### NITROGLYCERINE IN MORPHINE POISONING.

Dr. Speer (*Med. Neuigkeiten*, No. 52, 1892) used nitroglycerine in a case of attempted morphine poisoning when atropine failed him. Five drops were given immediately followed by other, and a third dose subse-

patient became conscious, with an eventual recovery.

### PUBLISHER'S NOTICES.

**CEPHALALGIA.**—In an article on "Antipyretics," read at the meeting of the Union Medical Association of Northeastern Ohio, at Akron, O., T. M. Johnson, M.D., Canton, O., in the section referring to antikamnia, says:

"Its action as an analgesic appears from the best evidence to be central, and I do not doubt that its antipyretic action is of a central character, thereby depressing heat production.

"I ordered eight grain doses in a case of cephalalgia, to be repeated at the end of three hours until four had been taken, with gratifying results. It causes no excitation and no depression of the vital forces, and is best administered in liquid form. It is without disagreeable taste."—*Medical Record*, June 6, 1891.

### UNITED STATES CIRCUIT COURT.

EASTERN DISTRICT OF LOUISIANA.

BATTLE & CO., CHEMISTS,  
CORPORATION,  
vs.  
FINLAY & BRUNSWIG. } No. 11,995, IN EQUITY.

This cause came on to be heard at this term, and was argued by counsel; and thereupon, upon consideration thereof, it was ordered, adjudged and decreed, as follows, viz.:

"That complainant has an established property right in the word 'BROMIDIA,' as a trade-mark applied to a certain liquid medical preparation mentioned in the bill of complaint herein, and that defendants have infringed the rights of complainant in the said trade-mark."

That the injunction issued pendente lite be maintained, and the defendants, George R. Finlay and Lucien N. Brunswig, copartners, doing business under the firm name of Finlay & Brunswig, and each of them, their clerks, servants and employes, be restrained and prohibited from printing, affixing or using the word "BROMIDIA," or any imitation thereof on the label of any medicinal or chemical preparation, or applying the name or title "BROMIDIA" to any medicinal or chemical preparation, and from offering for sale or giving away any bottles or packages marked with said word "BROMIDIA," or any imitation thereof, other than the preparation manufactured and labeled by the complainant; and it is ordered that the parties be referred to J. W. Gurley, Master, to take an account of the profits made by the defendants in manufacturing and selling, and in selling any medicinal or chemical preparation under the name, mark or title of "BROMIDIA," or upon which the name, mark or title of "BROMIDIA" was printed or written, or to which it was applied by them, since the first day of January, 1886; and for the better taking of the same discovery of the matters aforesaid, the said George R. Finlay and Lucien N. Brunswig are ordered to render an account of the number of packages aforesaid sold by them, and of the prices at which sold and prime cost thereof; and to produce before and leave with said master, all deeds, books, papers and writings in their custody or power relating thereto, and are to be examined as said master shall direct; and that they be ordered and decreed to pay to complainant the profits of all such sales made by them, and all costs of this suit.

(Signed) EDWARD C. BILLINGS,  
Judge.

April 23, '92.  
Clerk's Office.—A true copy.

# LANCET-CLINIC:

A Weekly Journal of

MEDICINE AND SURGERY

ISSUED EVERY SATURDAY.

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L. S. COLTER, M.D.

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Cincinnati, May 21, 1892.

## Editorial.

CHRISTIAN SCIENCE(?)

Scarcely a week passes in which there is not recorded the death of some patient of the so-called "Christian Scientists." One of the latest cases comes from the Pacific coast. According to the *Occidental Medical Times* great interest has been excited in the town of San Bernardino, Cal., over the trial of Mrs. Eliza Ward, a "Christian Science Healer," on the charge of manslaughter for having caused the death of George Lord, Jr., by gross neglect and want of ordinary caution and circumspection.

The facts of the case appear to be about as follows: Lord was attacked by a violent headache, superinduced by the accumulation of pus in the frontal sinuses and ethmoidal cells, the pus finding its way into the orbital cavity.

and a half inches in length by one inch in depth. Meningitis supervened, resulting in death. Mrs. Ward had considerable influence with the wife of the victim, and persuaded her that if she would exclude all the physicians she could bring "her husband out all right." This was done, and at the end of five days the patient died, notwithstanding that Mrs. Ward all this time insisted that he would soon be at work again.

In the prosecution the following facts were brought to light: Mrs. Davis, a Christian Science expert, testified that "science" treated strychnine poisoning, the bite of a rattle-snake, small-pox, cholera, and fevers all alike. She denied that actual disease could be cured, but said that people only had "a belief in disease." She admitted that surgeons were needed in cases of broken bones, but said that in the case of the deceased surgery was not admitted by "science," and that the half or two-thirds of a cup of pus that had accumulated would, by "science," be allowed to remain in his system.

Cincinnati has had several such deaths, and there is a prospect of many others in the future. The narration of cases like the above bring into prominence the fact that the laws of the different States regarding medical practice are extremely defective. While restrictions have been imposed in Illinois and other States upon the irregular doctors of the old-fashioned type, no effective legal barriers have been erected against the advent of the new order of "Scientists," who are thus allowed full liberty to experiment with human life and to populate cemeteries. Any fool or crank can herald himself as a "Christian Scientist" and start forth to care for the lives of men. There is no present method of limiting the number of

these "scientists," nor of imposing medical education upon them. It is a rather remarkable fact that in no country of the greatest protection country of the free trade, in dealing with human life and the practice of medicine, is there in no other country. We protect ourselves against merchandise, but not against persons.

The intelligence of the age is against statutes prohibiting men and women from engaging in any form of medical practice without first acquiring thorough knowledge of the various branches of medicine. Our experience with the Ohio Legislature this winter has convinced us that it is a waste of time and words and energy to talk about protecting the people from anything. The people think they know how to protect themselves, and the public seems imbued with the idea that the efforts of physicians to secure legislation demanding a thorough medical education is but a selfish effort. The press, also, has always been battling against that which would take away its gains.

In regard to the San Bernar case mentioned above, it may be interesting to note that the jury, after remaining all night, finally returned a verdict of not guilty, notwithstanding that the defendant was skilfully prosecuted, and the facts of involuntary manslaughter were clearly proven, and the court instructed the jury, if they found that the defendant of the deceased had been shown to be the reason of the gross carelessness of the defendant, that she was guilty. Although they might further find her guilty when in his right mind the defendant consented to place his life in the hands of the defendant. The general opinion was that the defendant ought to have been punished; but she was acquitted and many ladies had stood

the defendant been a man he would have had no chance to escape.

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#### EDITORIAL NOTES.

THE following item, taken from the *British Medical Journal*, of April 30, 1892, gives a very pointed expression in regard to a system of humbuggery from which the American people are suffering:

Inebriety cures are "boomed" in America on the joint-stock principle with astonishing energy and temporary success. So long as the boom lasts, the secret remedy cures, the main factor being apparently the enthusiasm bred of credulity (or "faith") and association. A number of repentant drinkers come together in an institution where alcohol is withheld, anxious to break their bad habits, assured of cure if they will take the secret remedy, submit to hypodermic injections, and throw all that is left of manhood and hope into the effort to break the chains of the drink habit. These seem to be the chief elements in the fitful successes which follow the creation of "joint-stock secret-cure establishments" for inebriety in America. The secret of the financial success is, of course, the affirmation of the peculiar virtues of the secret medicine of hypodermic injection. But the formula is probably of minor importance. It only furnishes the central point of the system; it is the *punctum ignotum*, the starting point suggestive of faith and contributing to mental effort, and the occasion of the ceremonial fetish of each day which keeps hope alive and applies the spur to daily mental resolve. By itself and away from the influence of institution-life and the magic of contagion among a crowd, the medicine or injection is by no means so effectual, although the charm of its secrecy and the

the alleged precious metals which are the basis of more than one much-advertised success. Institutions for the curious combination of mental discipline and hypodermic secret injections and joint-stock finance are multiplied in America, and an attempt is now on foot to float a similar institution in this country, subject, of course, to payment for the use of the "secret remedy." We have received from more than one source a preliminary prospectus, setting out figures which do not err on the side of modesty. But with the financial aspect of such an enterprise we have no more to do than with the prices at which other secret remedies have been "placed on the market." Medical men who respect their professional position have long since decided that they will, in this country, have nothing to do with secret formulæ. The analysis of such remedies generally indicates that there is nothing novel in their composition, and that the main elements in such outbursts of passing success as from time to time attend them are to be found in the high hopes confidently raised, and the tendency which, especially in the psychological state of the inebriate, these hopes have to fulfill themselves; in the strength which the association in an institution gives to the many to form new habits and discard old abuses; and in the revived health and mental power which come from withdrawal from the trials, temptations and degradation of the city life of a victim to drink. Their combination with a secret medication of doubtful value is the factor which will deter the British profession from joining in any way with the ingenious financiers who propose to transplant this marketable "notion" to this side of the Atlantic.

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IN the *British Medical Journal* for April 23, 1892, there is an editorial upon the bacillus of measles, in which

*enschrift*, of April 18, by these gentlemen. The bacilli were found in the blood of fourteen patients suffering with measles, and were stained with an eosin-methylene-blue solution. The bacilli vary in size; they are frequently slightly bent and were found only in preparations made toward the end of the disease; they are most abundant about the period of defervescence. Attempts at artificial cultivation have not, thus far, proved very successful. The authors claim that the bacillus described by them differs from all forms previously described in connection with this disease.

PROF. CREDE, who introduced the method of delivering the placenta known by his name, died at Leipsic, March 14th.

Two thousand dollars a year is offered as an inducement to any competent physician who will settle in North Gisborne, New Zealand.

THE American Medical Association begins its annual labors on June 7th. The Russell House will be headquarters while the general meetings will be held in the Detroit Opera-house.

THE annual convention of Railway Surgeons will be held at Old Point Comfort, May 25, 26 and 27. The Chesapeake & Ohio Railway will run a special vestibule train from Cincinnati to Old Point for the surgeons who attend the meeting.

THE idea has been suggested that a complete re-organization of the sanitary department of our City government would be a good idea. This meets with our approval, and we suggest that the Health Officer be given the power to

appoint and remove. As it is positions are given as re political work.

We understand that Dr. Ouchterlony, of Louisville, knighted by the King of Sweden, this is a very unusual honor for physicians, we think the fact called to the attention of the public. We offer our congratulations that he will bear his "blush" right manfully.

WE are in receipt of the annual report of the Cincinnati School for Nurses, and from that that the institution is in a very satisfactory condition. A fund is set aside for the purpose of a home for the nurses; a very nice feature. Miss Murray is the superintendent, and her efforts contributed the largest share to the school.

We congratulate the school for its excellent showing and wish it greater success in the future than it has achieved in the past.

#### LOCAL SOCIETY NOTICES. ACADEMY OF MEDICINE.

Monday, May 23, DR. C. W. MAN will read a paper on "The Eyeball."

DR. B. K. RACHFORD will read a paper on "Anæmia."

DR. GEO. W. RYAN will read a case of "Fractured Spine; Recovery."

#### CINCINNATI MEDICAL SOCIETY.

Tuesday evening, May 24, H. DEWITT will report "Uterine Hemorrhage in an Advanced Age, Due to a Placenta;" also a case of "Morphine Tolerance."



The American Surgical Association will meet in Boston, Mass., Tuesday morning, May 31, and June 1 and 2, 1892, in the hall of the Natural History Society, on Berkely Street.

The following are the subjects to be discussed:

I. "Treatment of Uncomplicated Fractures of the Lower End of the Humerus and of the Base of the Radius." By John B. Roberts, M.D., Philadelphia, Pa.

Discussion by Drs. John E. Owens, of Chicago; John H. Packard, of Philadelphia; C. B. Porter, of Boston, and J. Ford Thompson, of Washington, D.C.

II. "Fibroid Tumors of the Uterus." By John Homans, M.D., Boston, Mass.

Discussion by Drs. F. E. Lange, of New York; M. H. Richardson, of Boston; A. M. Van der Veer, of Albany; J. Ewing Mears, of Philadelphia, and George R. Fowler, of Brooklyn.

III. "Surgical Operations in Persons Suffering with Disease not Connected with that Necessitating the Operation, such as Chronic Malarial Poisoning, Diabetes, Organic Heart Disease, etc."

Discussion by Drs. T. F. Prewitt, of St. Louis; Hunter McGuire, of Richmond, and W. W. Dawson, of Cincinnati.

IV. "Surgery of the Tongue." By N. P. Dandridge, M.D., Cincinnati, O.

Discussion by Drs. D. W. Cheever, of Boston; D. W. Yandell, of Louisville, and L. McLane Tiffany, of Baltimore.

V. "Conditions Demanding Excision of the Globe of the Eye." By W. H. Carmalt, M.D., New Haven, Conn.

Discussion by Dr. Wm. Thomson, Philadelphia, Pa.

VI. "Ancient Contractures of the Hip and Knee Joints." By T. F. Prewitt, M.D., St. Louis, Missouri.

Discussion by Drs. DeForrest Willard, of Philadelphia, and Robert Abbe, of New York.

VII. "Report of Operations upon Spina Bifida and Encephalocele," with remarks. By A. T. Cabot, M.D., Boston, Mass.

The Association will meet on Wednesday morning, in the amphitheatre of the Massachusetts General Hospital, and on Thursday morning in the amphitheatre of the Boston City Hospital.

The Annual Dinner will be held at the "Hotel Brunswick." Members desiring to engage rooms at hotels can do so by writing.

## MEDICAL LITERATURE REVIEWED TO DATE.

### OUTLINES OF ZOOLOGY.

By J. ARTHUR THOMSON, M.A., F.R.S.E., Lecturer on Zoology in the School of Medicine, Edinburgh, etc. Thirty-two full-page illustrations, 12mo., pp. 641. D. Appleton & Co., N. Y. For sale by Robert Clarke & Co., Cincinnati.

The title of this work well indicates its scope, and he would indeed be hypercritical who could find fault with the author's manner of drawing his "outlines."

After a preface commendably brief, the introductory chapters, seven in number, treat of the animal kingdom in general, with reference to structure, taxonomy, morphology, physiology, history and geographical distribution, brief remarks being also presented on theories of ætiology (derivation and evolution).

The chapters following (VIII to xxv) refer to the separate classes of animals in condensed detail. It is evident throughout the book that our author possesses the rare faculty of treating æsthetically a purely scientific subject, without sacrifice of space or fact to flights of the imagination.

The chapters on sponges, on buds and arthropoda being noticeable examples of clearness and condensation, as well as of attractive literary style.

The condensed statements of doctrines of evolution, natural selection and other logical explanations of structure and relationships, are terse and satisfactory, the views of different authors in this field being stated with judicial fairness.

The small space (less than three pages) devoted to the genus homo, might appear at first glance as a fault, considering the work as introductory or complimentary to a medical curriculum; but it is evident that, in a work of this scope, one group of animals is about as important as another, and this method

remarkable capacity to generalize and discriminate that in the brief space allotted to man, all his fundamental characteristics, structural and psychological, are presented.

The diagrams and tables are noticeably clear and well constructed, some (see pp. 1, 8, 87, 73, 348) being practical condensations of entire volumes, and well show the author's extensive grasp of his subject.

A more complete view of the entire zoological world in the same space would be difficult to imagine. A brief series of "Notes on Books" and a copious index greatly enhance the value of the book as a work of reference.

The illustrations, mostly original, and others well-selected, are rather above the average of their class, and the press-work and general "get-up" all that could be desired.

The introduction of such works as text-books into all our first-class medical schools is undoubtedly only a question of time, probably not very remote, and there can be no question of their value to the physician in enhancing his appreciation of the science of his calling, as well as increasing his usefulness to the public.

The study of zoology, while fully equal to that of the classics as mental discipline, has the marked advantage of cultivating those powers of observation and ratiocination so essential to the development of the medical art.

F. W. L.

#### DISEASES OF THE EYE: A Hand-book of Ophthalmic Practice, for Students and Practitioners.

By G. E. DESCHWEINITZ, M.D., Professor of Diseases of the Eye in the Philadelphia Polyclinic; Lecturer on Medical Ophthalmology in the University of Pennsylvania; Ophthalmic Surgeon to the Philadelphia Hospital and to the Children's Hospital; Ophthalmologist to the Orthopædic Hospital and Infirmary for Nervous Diseases.

Another work on diseases of the eye is in the market. It is a volume of 600 pages, arranged in a very systematic manner, having the various sections of the subject in as terse form as justice

will permit. There is considerably more in the book than the mere facts that the average student will find. He posts himself for the coming year, and may prefer one which is more practical. However we would not recommend this volume among other good works, and it is wanted of the earnest student as a guide to the practitioner.

#### TREATISE ON GYNECOLOGY AND SURGICAL.

By S. POZZI, M.D., Professor of the Faculté de Médecine Chirurgicale, Lourcerne Pascal, Paris; Honorary Member of the American Gynecological Society. Translated from the French edition under the supervision of and with additions by W. L. WELLS, M.D., Lecturer on Gynecology, New York Polyclinic; Fellow of the American Obstetrical Society, and of the Academy of Medicine. Volume of 8vo, pp. 581. New York: J. B. Lippincott & Company. 1891.

We are glad to welcome the new edition of this admirable work, the appearance of which in France was a thing over a year ago, and which has received universal approval. The literature of gynecology has been enriched in the last ten years by the contributions of many able men, but there has been no book that has been issued from either in this country or in Europe which has impressed us with the sense of the perfection and the conscientiousness of the author as the one before us. It is based upon Pozzi's large personal experience as a hospital surgeon, a teacher, and all through it are the marks of originality which give charm to the work. The presentation is not only a smooth translation, but essentially a revision of the original work, with such modifications and additions as render it adapted to the needs of English readers. The comments are enclosed in small type. Everything about it is modern and abreast of the times. One is struck by the change as he misses the old illustrations and theories of a former generation.

The present volume contains two chapters, the first four of

gynecological examinations. Cancer of the uterus is discussed in three chapters, with full descriptions of the different operations, both radical and palliative.

Four chapters are devoted to displacements of the uterus, chapter XVIII being the most exhaustive review of the different methods of ventro-fixation that has yet appeared.

His chapter on the pathology and etiology of metritis is excellent. He deals with the question of uterine fibromata in a masterly manner, and his chapters on the subject are full of new thought. Plastic operations of the genital tract are also fully dealt with, and the book closes with the subject of disorders of menstruation. At the end of each chapter is a voluminous bibliographical reference list.

Some of the old cuts that have done duty for so long might have been omitted without harm, but in the main it is admirably illustrated, and is one of the handsomest books in its general make-up that we have seen for some time. We commend this book to the specialist, and the general practitioner as well.

R. B. H.

#### PRINCIPLES AND PRACTICE OF MEDICINE.

By WILLIAM OSLER, M.D., Fellow of the Royal College of Physicians, London; Professor of Medicine in the Johns Hopkins University; Physician-in-Chief to the Johns Hopkins University, Baltimore; formerly Professor of the Institute of Medicine, McGill University, Montreal, and Professor of Clinical Medicine in the University of Pennsylvania, Philadelphia. New York: D. Appleton & Co. 1891.

The work is designed for the use of practitioners and students of medicine. The numerous and eminent positions which the author has held, and now holds, qualify him highly for the authorship of such a work. It has the distinction of exhibiting, like Flint's

grateful to practitioners who wish to find the most explicit statements of clinical experience. The style of the author is very lucid and definite. He does not confuse one with a multitude of references in regard to the practice of other writers, but while doing justice to the observations of distinguished pathologists and clinicians, he tells us what he has seen and done, and this reveals the great originality of the work. We can also see throughout the treatise, in his disposition to explain the etiology of the pathological state, and the actions of remedies for relieving it, the influence of his studies and teaching in the chair of the institutes of medicine, which he held in the McGill University. The thoughtful physician of our day wishes not only to know what remedies are best accredited in the various phases of disease, but how they operate therapeutically. Pharmacology is more now, than at any other period in medical history, a great factor in clinical science. Everybody now-a-days among the laity, men, women and children, are prescribing medicines with no other guide than the popular notion that they are useful in certain diseases. But the instructed physician acts upon the data which scientific investigations have brought to light. Professor Osler fulfills in this respect all the exactions of scientific progress, and it is a pleasure to say that medicine is inferior in this respect to none of the classificatory sciences.

The work in mechanical excellence is a credit to the eminent publishers.

C. G. C.

#### DIE INFLUENZA IN DEM WINTER 1889-'90, NEBST EINEM RUECKBLICK AUF DIE FRUEHEREN INFLUENZAPANDEMIEN.

By DR. J. RUHEMANN, Berlin, Germany. Prize essay of the Hufeland Society, Leipsic. George Thieme. 1891. One hundred and

earlier epidemics, in abstract. These abstracts, as well as the remainder of the work, show an extensive knowledge of the literature. The march of the epidemic of 1889-'90 is considered with great care and detail. The course and complications, as well as the consecutive diseases of this epidemic, are discussed with painstaking detail. The relation of psychoses to the disease, its influence upon the nervous system, the eye, ear and female sexual organs, the complications presented by the skin and uroætic organs, are treated of with clearness and concision. An interesting chapter is that devoted to the influence of influenza on other diseases. Another section is devoted to the treatment of the disease, and the relative value of the various remedies and means of treatment.

On the whole, the little work is a valuable monograph, and a worthy addition to one's library, to be used as a work of reference in future epidemics.

F. H. P.

#### BROCHURES RECEIVED.

Report of the Illinois State Board of Health for 1892.

Ataxia. By J. T. Eskridge, M.D. Reprint from the *International Clinics*.

Medical Orthoëpy. By J. F. Oaks, M.D. Reprint from the *Chicago Medical Recorder*.

Drug Habituation. By Lucius W. Baker, M.D. Reprint from the *Alienist and Neurologist*.

Dipsomania. By Lucius W. Baker, M.D. Reprint from the *Boston Medical and Surgical Journal*.

Manual Rectification of Certain Malpositions of the Head in Labor. By W. H. Wenning, M.D.

Intestinal Anastomosis and Suturing. By Robert Abbe, M.D. Reprint from the *Medical Record*.

A Contribution to Spinal-Cord Surgery. By Archibald Church, M.D., and D. W. Eisendrath, M.D. Reprint from the *American Journal of the Medical Sciences*.

Cases of Gall-Bladder Surgery. By Robert Abbe, M.D. Reprint from the *New York Medical Journal*.

Athetosis, with Clinical Notes. By Archibald Church, M.D., Neurology, Chicago Polyclinic.

The Genu-Pectoral Position in Obstetrics. By W. H. Wenning, M.D. Reprint from the *Lancet-Clinic*.

Annual Address of the President of the Philadelphia County Medical Society. By John B. Roberts.

Lessons Taught by a Foreign Physician. By J. G. Carpenter, M.D. Reprint from the *American Practical News*.

Rapid Dilatation and Cure of Stricture. By J. G. Carpenter, M.D. Reprint from the *American Medical Association Journal*.

Selection of Interesting Cases. By J. G. Carpenter, M.D. Reprint from the *Central Kentucky Medical Journal*, October 22, 1891.

The After-Treatment of Hernia after Surgery. By John B. Roberts. Reprint from the *American Journal of the Medical Sciences*.

Jequirity in the Treatment of Gonorrheal Lids. By J. G. Carpenter, M.D. Read at the Kentucky State Medical Society, May 28, 1891.

Clinical Contributions to the Treatment of Gynecology. By John B. Roberts. Reprint from the *Transactions of the Philadelphia County Medical Association*.

Thirty-Two Unselected Cases. By Thomas Opie, M.D. Read before the Southern Surgical and Gynecological Association, 1891.

A Case of Associated Stricture of the Urethra and Infection of the Vermiform Appendix and Fallopian Tube. By H. H. Kelsey, M.D. From the *Johns Hopkins Hospital Bulletin*.

The Second Year's Work in the Diseases of the Rectum at the Post-Graduate Hospital. By H. H. Kelsey, M.D. Reprint from the *New York Medical Journal*.

## Selections.

### FROM CURRENT MEDICAL LITERATURE.

#### ABDOMINAL AND UTERINE TOLERANCE IN PREGNANT WOMEN.

The medical profession is indebted to Harris, of Philadelphia, for a most suggestive contribution to the literature of abdominal and uterine tolerance in pregnant women. This well-known writer has for some time been instrumental in providing obstetricians with information regarding the Cæsarean operation, and his present contribution is especially valuable. By painstaking and accurate research, he has collected twenty cases in which pregnant women have sustained penetrating wounds of the abdomen and uterus; the results in each case having been carefully ascertained, and substantiated by reliable witnesses. To summarize the conclusions reached from an analysis of these cases, it may be stated that healthy women, leading lives that take them much in the open air, and engaged in work that develops the muscular system, frequently recover from such serious accidents as those described by Dr. Harris. The agencies that inflicted the injuries were: the horns of cattle, sharpened wooden utensils, revolver bullets of small caliber, knives and other penetrating instruments. In several instances the injury was immediately followed by the birth of the fetus, and in many of these the children survived. When the accident occurs after the fifth or sixth month of pregnancy, the uterus is often freely opened, and the birth of the fetus may readily happen.

In seeking an explanation for the remarkable tolerance manifested by these patients, we have another illustration of the familiar fact that recovery from operative interference depends very largely upon the condition of the patient's tissues and the power of resistance. Thus, a healthy farmer's wife may be gored by the horns of a bull, her child be born upon the ground, and

both may survive, while the rachitic dwarf, who has labored for some hours in parturition, and upon whom Cæsarean section is skillfully performed, dies shortly after, from exhaustion.

The practical lesson that Dr. Harris so clearly emphasizes is this: that the scientific obstetrician should be so thoroughly aware of the abnormal conditions existing in his patient that when the Cæsarean operation is indicated, he will not wait until useless labor-pains have induced exhaustion, but will operate at the very beginning of, or just before, the labor. It is well, should the uterus be relaxed, to administer ergotine, by hypodermatic injection, a half-hour before the operation. Rapidity, simplicity, and cleanliness in operating will further contribute greatly to success. It is interesting, in this connection, to note that under such conditions children have, in several cases, been born by successive Cæsarean operations.

—*Medical News.*

#### THE SURGICAL TREATMENT OF GRANULAR LIDS.

Darier, the chief of Abadie's Clinic in Paris, contributes an article in the *Archiv d' Ophthalmologie*, February, 1892, concerning the treatment of granular lids, which has been found efficacious in this service. The following points are insisted upon:

1. Anæsthesia with chloroform is indispensable in nearly every case.

2. One of the most important conditions for the success of the operation is the complete eversion of the eyelids by means of special forceps, so that all points of the conjunctival cul-de-sac may be laid bare and submitted to gratage.

3. In order to attain this object it is very often necessary to enlarge the palpebral slit by incising the outer canthus and thus facilitating the exposure of every portion of the conjunctival cul-de-sac which is in the least affected with granular irritation.

4. Scarifications are performed with the object of making the contents of the granulations apparent with the least destruction of the conjunctiva.

5. By means of a sharp scraper, and then of a brush composed of short, hard hairs, all the morbid tissue is scraped and brushed as completely as possible.

6. An energetic and painstaking cleansing of the surfaces with a plug of cotton dipped in a sublimate solution, 1:500, ends the operation.

During the first day, iced compresses are applied and frequent lotions of sublimate solution, 1:200. The patients should be examined daily, the eyelids everted, and sloughs detached, and the whole surface thoroughly cleansed with the sublimate solution, 1:500. At the end of fifteen days the conjunctiva presents a smooth, though somewhat tumefied, appearance, but granulations are invisible and there is no longer any secretion. In the event of previous pannus, or other corneal complication, the improvement, dating from the first day of the operation, is stated to be surprising, and in the judgment of the reporter there is no treatment which has given such good results in so short a time. He attaches great importance to the regular use of a strong solution of sublimate, and recommended that the patients be watched for a month or two after the operation, and prompt interference be undertaken in case the smallest trace of the former disease should reappear.—*Therapeutic Gazette*.

#### VAGINAL HYSTERECTOMY IN PELVIC SUPPURATION.

At a recent meeting of the Paris Surgical Society, Dr. Terrillon spoke favorably of this extreme measure. He has operated on four cases of old-standing pelvic suppuration with hectic exacerbations and rectal and vaginal fistulæ.

The first patient had been ailing for two years subsequent to a miscarriage; parametric infiltration extended up as high as the navel, and the uterus was firmly fixed in the inflammatory deposit. Abdominal section proved useless: the omentum could not be detached, and the intestines were so firmly adherent that no attempt was made to liberate them. The uterus was at once extirpated from the vaginal side. On

the twenty-eighth day symptoms developed—owing to pus behind the vaginal cicatrix. The fever ceased as soon as a plug was made for the pus; but a vaginal fistula remained.

In the second case—similar to the first—abdominal section was found impracticable, and vaginal hysterectomy was performed eight days after the result of effecting a complete cure.

In the third case the patient had been ill for nine years, and suffering from a lichenous eruption. The disease had been attributed to septicæmia, minuria, vomiting, and fever. Vaginal hysterectomy was performed, and followed. Nevertheless, the patient recovered, and the annoying eruption disappeared.

The fourth patient had been ailing for twelve years, and had suffered from severe continuous pain and fever for two months. Vaginal hysterectomy was performed on the left side. The vagina cicatrized nicely, but a fistula remained.

The last-mentioned case was brought to show—according to the author—the operation does not always effect about a radical cure; the first operation, on the other hand, demonstrated that vaginal hysterectomy may succeed where abdominal section has proved unavailable. Although the operation is especially advisable in cases of pelvic abscess, it is a well-incysted abscess, Dr. Terrillon considers it required in cases of extensive and ill-defined suppuration, especially with fistula, adhesion, and parametric infiltration of the uterus.—*Merck's Bulletin*.

#### THE USE OF DIGITALIS IN PELVIC SUPPURATION.

Dr. James Little, writing in the *Birmingham Medical Review*, February, 1892, after pointing out that digitalis is the most important remedy in the materia medica, compares, in an interesting manner, its power with that of stramonium. He says, "Strophanthus shows the same kind of cases th

when the systoles are frequent and marked, but is less use useful when the pulse is regular and there is weakness of the left ventricle." He thinks that the tincture of strophanthus, like the tincture of digitalis, should not be mixed with water until just before it is swallowed. He also believes that when strophanthus is given in this form, fifteen minims every four hours is not too much. He concludes:

1. That digitalis is the better drug of the two because it is more frequently useful.

2. If slowing and steadying of the heart has been produced by digitalis, is well to keep up its action by occasional doses.

3. There are some patients whom digitalis sickens, and a smaller number in which it seems to fail to bring about an increase in the force of the heart. Under these circumstances strophanthus may prove itself useful. Patients who have widespread thickening of their smaller arteries are sometimes benefited much more by strophanthus than by digitalis.

4. Strophanthus is much more rapid in its action, but is not suitable for prolonged use.

He has also found that bromide of potassium in small doses, given twice or thrice a day, sometimes serves to quiet disturbed cardiac innervation.—*Therapeutic Gazette*.

#### THE ABUSE OF MERCURY IN THE TREATMENT OF DISEASES OF THE EYE.

Landolt (Acad. de Méd., January, 1892, abstract in the *Archiv. d' Ophthalmologie*, February, 1892), while perfectly willing to pay tribute to the important value of mercury in the treatment of numerous ocular manifestations of syphilis, protests against the abuse which is made of this drug in incurable affections, or in those indicating at the same time other rational and efficacious treatment. For example, when mercury can have no influence on the atrophied fibres of the optic nerve, or on a detached retina, it may be prejudicial to the general health of the patient suf-

fering with these lesions. Mercurial treatment, by its deleterious effect on the organism, may deprive the physician of a most powerful ally—the curative action of a good constitution. Doctor as well as patient may become the victim of a species of auto-suggestion. Without sufficient reason the physician is absolutely convinced of the efficiency of a remedy, and considers it a serious fault if he does not administer it. So far as this belief is concerned, with in-offensive substances it is not prejudicial to the patient, and may even contribute to his recovery if the suggestion is communicated to him. When, however, we deal with a medicine as energetic as mercury, the problematical effect of the suggestion is paid for too dearly.

Landolt cites observations upon serious ocular affections amenable, according to current opinion, to mercurial treatment, which, nevertheless, were perfectly cured by the judicious use of simple remedies and appropriate hygiene.—*Therapeutic Gazette*.

#### COCAINE—NEW METHOD OF EMPLOYMENT IN SURGERY.

Dr. Courtin, of Bordeaux, recommends a new mode of employing cocaine in surgery consisting in impregnating the bleeding tissues with the cocaine solution. He proceeds as follows: In the case of a tumor situated beneath the skin, the part is first sprayed with sulphuric ether up to the point of freezing the tissues; this done, the skin is cut with a bistoury, and the bleeding parts are bathed, by means of small sterilized sponges, with a 1:30 solution of cocaine in distilled water—this bathing being repeated a certain number of times during the operation.

Under the influence of these baths, Dr. Courtin has noticed a vermilion coloration of the bloody effusion, and slightly increased bleeding.

Before applying the sutures the bleeding surfaces of the skin receive a final bath of cocaine solution, in order to avoid pain at the points of suture.

If the case to be operated upon be one of tumor situated beneath a mucous

membrane, the spraying with ether is replaced by bathing the mucous surface with the same cocaine solution for about five minutes, after which the enucleation of the tumor is proceeded with as in the first case.

The absorption of the medicament should be prevented as much as possible; it is impaired to a great extent by the bleeding.

In the above manner Dr. Courtin claims to have removed without pain a lipoma of the nape of the neck as large as a hen's egg, a wen of the scalp, another lipoma of the abdominal parietes, and a dermoid cyst of the size of an orange, occupying the floor of the mouth. Accidents were never observed, and primary union of the wounds in the skin was always obtained.—*Merck's Bulletin*.

#### TRACHEOTOMY AND INTUBATION.

There is a very instructive article on this subject in the *Medical News*, of April 9, 1892, by Dr. Faulkner, of Allegheny, Pa. The author has collected from many practitioners of large experience and wide reputation their views in regard to certain questions arising in relation to the comparative merits of tracheotomy and intubation in cases where there is occluding membrane in the larynx.

We must, of course, expect that opinions on such a subject will be more or less warped by the "personal equation" of the operator, who may be much more familiar with, and expert in, the one operation than in the other. It is clear, however, that intubation gets the worst of it in the discussion. The inferences that we deduct from the article are that intubation should be done by a skilled laryngoscopist of years' experience with manipulations of the larynx; and that the instruments for instant tracheotomy should be at hand, because the introduction may cause immediate suffocation.

Among the objections to the use of the tube are that it may force membrane down into the trachea and occlude it; that it sometimes perforates, and generally irritates, the larynx and trachea;

that its introduction and require great skill; that it may slip down into the bronchi, free coughing out of the tube, the detritus is not secured against aspiration; and that the intubation is liable to be obstructed at any time, leading to instant death, attendant skillful enough to be near at hand.

It is asserted, likewise, that the mortality after intubation is so high that it approaches that of tracheotomy; and the suggestion is made that where no laryngoscope was available in cases of spasm of the vocal cords, have been reported as requiring laryngitis requiring intubation.

In the closing paragraph of the article is quoted as having declared at the Berlin Congress, in 1890, that in cases of branous laryngitis he puts to the test of mercurials, finding that, if used, it induces the constitutional effects of mercury, cases of fibrinous bronchitis get well in an unusual manner; that cases of general diphtheria may simulate laryngitis, and that the beneficial effects of mercury are not limited to cases of laryngitis, but apply also to those of spasm.

Dr. Jacobi is said to have declared in favor of tracheotomy. One would suppose that the best results would be obtained by retaining tracheotomy and not stopping time getting all the help possible, and the free and careful use of medicine.—*Maryland Med. Jour.*

#### MEDICINAL PEROXIDE OF HYDROGEN AND GLYCOZONE.

The topical application of glycozone is capable of immense benefit in the treatment of pitting of small-pox. I most cordially advocate and urge its use, in the form of glycozone or propylene oxide (Marchand's peroxide of hydrogen) (medicinal). I believe much of the misery it can be obviated by its use, the force of the disease lessened, the indolent ulcers, when treated with glycozone, form, carbolic acid, etc., and do not poison the patients; such results have occurred. With oxygen therapy it is impossible. In large suppurations



of continuity and absorption of the poison, the topical application of oxygen is perfectly safe, and to say the least, equally efficacious.

Ophthalmia is advantageously treated by the topical application of either the peroxide or glycozone. Styes can be aborted if glycozone be rubbed on the lids at the commencement; and as styes are painful, and swelling and pain last for a few days, the use of glycozone is satisfactory to both patient and physician. In nasal catarrh, when the mucous membrane is dry and crusts form, prompt and more satisfactory results can be obtained from glycozone than from any other means known.

In the various chronic inflammations of the throat which are ordinarily obstinate to treatment, I have frequently satisfactorily treated by the peroxide (diluted,) especially when the orifice of the eustachian tube was closed by swelling, and the patient rendered uncomfortable by temporary deafness and ringing in the ears.—DR. J. H. DE WOLF, in *The Southern Medical and Surgical World*.

#### CONTAGIOUSNESS OF ACUTE TONSILLITIS.

Dubousquet-Laborderie (*Journal de Méd. d. Paris*, December, 1891) says:

Cases which show the contagiousness of tonsillitis are numerous. It is observed in families, hospitals, schools—more rarely a veritable epidemic is observed. We do not deny the contagiousness of measles, scarlatina, mumps—though we are equally in ignorance of the agent of contagion.

The incubation varies from two to six days. The conditions favorable for the production of the disease are: an epidemic, cold, sudden changes of temperature, crowding, lack of cleanliness. Internal conditions are the age of the subject, scrofula. There is an incontestable predisposition; a first attack predisposes to others. The disease appears to lie latent as in erysipelas where there are repeated attacks. The germs of the disease remain inactive in the

them a vicious activity. The infectious nature of the disease and its contagiousness being admitted, certain therapeutics and prophylactic measures should not be neglected. Antiseptics, internally and externally, at the onset, an emetic or a cathartic, sulphate of quinine, salicylate of soda or salol, gargles of a solution of boric acid, four per cent., or carbolic acid, one per cent. A solution of chloral, which is antiseptic and calmative at the same time, may be used if the pain is considerable and swallowing difficult.—*Archives of Pædiatrics*.

#### TUBERCULOSIS IN A GIRAFFE.

Dr. J. C. Meyers, Sr., of Cincinnati, gives the following account of tuberculosis in a male giraffe, which was kept in the Zoölogical Gardens of his city. The special interest in such reports is in the fact that nearly all domesticated and semi-domesticated animals, are subject to this disease, which is probably identical with tuberculosis in man, although the gross lesions produced by it in man and animals may differ in each class.

"The symptoms of the patient were actually such that I was obliged to coincide with the given diagnosis (tuberculosis).

"Prophylaxis, to protect, if possible, the female that was housed in the same enclosure, and that seemed to be in good health, was immediately ordered.

"In order to be positive in regard to diagnosis, some of the sputum which 'Abe' expectorated was taken, and given to a bacteriologist for examination, who discovered a great number of bacilli. Hope of recovery being impossible, an unfavorable prognosis was given.

"Death ensued on the night between the 20th and 21st insts., thirteen days after my first visit, and about four months after taking sick. Post-mortem examination, which was made twelve hours after death, substantiated the correctness of the diagnosis.

"Each lobe of the lungs presented a

conglomeration of an almost solid mass, to which the tuberculous tumors, particularly those filled with yellowish, cheesy corruption, added the most material, increasing the circumference of the lungs greatly. Upon cutting through some portion of the lungs, a gritty sound was audible, presumably due to a deposition of lime. The liver in its parenchyma contained many small-sized tubercles. The spleen and other abdominal organs were exempt.

"A renewed search in another quantity of sputum, as also in the decomposed tubercles, revealed numerous bacilli, particularly in the mucus."—*Fourn. Comp. Medicine.*

#### COMPOUND ANTISEPTICS.

In a paper read before the Biological Society, Paris, Drs. de Christman and Respaut emphasize (as reported by *Médecine Moderne*) the fact, previously observed by many authors, that, when a number of antiseptics are associated in one and the same solution, the microbicide power of the latter is greater than the sum of the antisepticity of the solutions of each of the antiseptics separately.

Laplace had proposed the use of equal parts of carbolic and sulphuric acids; Hammer had recommended a mixture of ortho- and meta-cresol; etc.

The two first-named authors have studied the various combinations of antiseptics; the following are some of their formulas:

⚗ Benzoic acid . . . . .	1 part.
Carbolic acid . . . . .	8 parts.
Zinc chloride . . . . .	1 part.

A 1:100 aqueous solution of this mixture kills—it is claimed—the staphylococcus aureus in 30 seconds; the bacillus anthracis, bacillus pyocyaneus, and the bacillus of Eberth, in one minute.

The following mixtures had the same microbicide action on the same bacilli as the above:

⚗ Carbolic acid . . . . .	8 parts.
Benzoic acid . . . . .	} of each 1 part.
Oxalic acid . . . . .	

Or:

⚗ Carbolic acid . . . . .	9 parts.
Salicylic acid . . . . .	1 part.

Finally, the following mixture was found to be twice as active as the above:

⚗ Carbolic acid . . . . .	12
Salicylic acid . . . . .	1½
Peppermint oil . . . . .	

Tuberculous sputa were killed in ten to fifteen minutes by a solution of this mixture; salting out 425 colonies of germs in 100 c.c. contained only thirty, five minutes rinsing the mouth with a solution, while several successive gargles reduced the number to 100 an hour after a single wash, the sputum no longer contained any microbacteria.—*Merck's Bulletin.*

#### DYSPEPSIA WITH TUBERCULOSIS BASED UPON EXAMINATION OF THE GASTRIC JUICE.

Dr. Van Pelt (*Boston Surg. Journal*, April 21, 1892) reports a series of cases of dyspepsia in which the gastric juice was examined for organic acids, mucus, etc., and the result employed was based on microscopic examination. Lavage of the stomach when there was shown the presence of organic acids and mucus, with infusion of pinus canadensis or nitrate of silver, and in the absence of HCl, the administration of that acid just after the usual plan of treatment. In some cases the galvanic current was used internally or externally, the result being based upon examination of the gastric juice show an increase in the gastric juice under the influence of electricity. In a number of cases the method of examination was such as to exclude gastric disease and the symptoms seemed to point to

#### CHRONIC CYSTITIS.

Dr. Tyson (*The Practitioner*, February, 1892) says the success in the treatment of chronic cystitis is a task for three evident reasons: the constant presence in the blood of the urine with its irritating qualities. The difficulty of getting the medicine to reach the inflamed surface.

it ammoniacal changes.

The irritating qualities may be diminished by diluents. The second indication is met by drugs internally, or by injections of medicated fluid. Sandalwood oil has been found useful, and is about the only remedy which the author has found to have direct beneficial effect upon the mucous membrane of the bladder. Benzoic and boric acids have both been found to exert an antiseptic effect on the urine when given in five grain doses, and increased to ten. Where a foul odor is present a dilute solution of bichloride, beginning with one to twenty-five thousand and gradually increased in strength, is used as an injection into the bladder with good results. That an absolute and total cure is ever obtained in chronic cystitis is regarded by the author as exceedingly doubtful.—*N. Y. Medical Record.*

#### MYOPIA AMONG JEWS.

The recent investigations of Sydney Stephenson, of Edinburgh (*Ophthalmic Review*, April, 1892), add additional evidence to the greater prevalence of myopia among Jews than Christians. His data are based upon examinations made of 918 children living under similar conditions and with like requirements as to study. Of this number 12+ per cent. are Jews and 31+ per cent. Jewesses. We find that he made the following deductions:

1. That 10.63 per cent. of the total number of Jews were myopic.
2. That 1.97 per cent. of the total number of Christians were myopic.
3. That the percentage of frequency of myopia in the Jew boys, was more than six times greater than in the Christian boys.
4. That the Jewesses had nearly three and half times more myopia than the Christian girls.
5. That the Jews showed a larger percentage of myopia than the Jewesses.
6. That the Christian boys had less

## HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases  
for week ending May 13, 1892:

WARD.	Measles.		Scarlet Fever.		Whooping Cough.		Diphtheria.		Croup.		Typhoid Fever.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....	1		1									
2.....	2		2									
3.....							6	1				
4.....	8						1					
5.....	1						1	1				
6.....												
7.....							1					
8.....												
9.....												
10.....	1						1					
11.....	1						2					
12.....												
13.....												
14.....	1				1		1					
15.....	1											
16.....	1											
17.....	1		2				1					
18.....	2						1					
19.....												
20.....												
21.....												
22.....	1											
23.....	4		3	1	2							
24.....	1		3				2					
25.....												
26.....	4						1	1				
27.....			4				1				1	
28.....			1	1								
29.....	2		1									
30.....	2						1					
Public Institutions.....												
Totals.....	34		17	2	3		20	3		3		
Last week.....	36		11		11		26	6		1		1

Mortality Report for the week ending May 13, 1892:

Croup.....	3
Diphtheria.....	3
Influenza.....	1
Scarlet Fever.....	2
Other Zymotic Diseases.....	5—14
Cancer.....	3
Phthisis Pulmonalis.....	7
Other Constitutional Diseases.....	3—13

Bright's Disease.....	1
Bronchitis.....	6
Convulsions.....	4
Heart Disease.....	8
Meningitis.....	3
Nephritis.....	4
Peritonitis.....	2
Pneumonia.....	13
Other Local Diseases.....	13-56
Deaths from Developmental Diseases.....	8
Deaths from Violence.....	7
Deaths from all causes.....	98
Annual rate per 1,000.....	16.98
Deaths under 1 year.....	17
Deaths between 1 and 5 years.....	10-27
Deaths during preceding week.....	112
Deaths for corresponding week of 1891....	126
Deaths for corresponding week of 1890....	118
Deaths for corresponding week of 1889 ..	134

J. W. PRENDERGAST, M.D.,

Health Officer.

## OHIO HEALTH BULLETIN.

Infectious Diseases reported to the Ohio State Board of Health in 41 cities and towns during the week ending May 13, 1892.

<i>Diphtheria:</i>		Cases.	Deaths.	<i>Scarlet Fever:</i>		Cases.	Deaths.
Bloomville.....	1	..	..	Akron.....	1	..	..
Cincinnati.....	20	3	..	Cincinnati.....	17	2	..
Akron.....	1	..	..	Cleveland.....	14	..	..
Cambridge.....	..	1	..	Columbus.....	6	..	..
Cleveland.....	6	1	..	Coshocton.....	3	..	..
Columbus.....	4	1	..	Cuyahoga Falls..	3	..	..
Galion.....	..	1	..	Girard.....	3	..	..
Geneva.....	1	..	..	Logan.....	3	..	..
Lima.....	3	1	..	Miffin.....	2	..	..
Piqua.....	2	1	..	Newton Falls... 5	..	..	..
Springfield.....	2	..	..	Springfield.....	4	..	..
Toledo.....	9	2	..	Toledo.....	3	..	..
Xenia.....	2	..	..	Upper Sandusky	3	..	..
Youngstown.....	2	..	..	Xenia.....	4	..	..
<i>Measles:</i>		..	..	Youngstown.....	10	1	..
Cincinnati.....	34	..	..	<i>Typhoid Fever:</i>		..	..
Cleveland.....	1	..	..	Cleveland.....	4	..	..
Clifton.....	5	1	..	Dalton.....	1	..	..
Elmwood.....	2	..	..	Hanging Rock..	1	..	..
Fostoria.....	1	..	..	<i>Whooping-Cough:</i>		..	..
Galion.....	1	..	..	Amelia.....	4	..	..
Lima.....	23	..	..	Cincinnati.....	3	..	..
Springfield.....	3	..	..	Columbus.....	1	..	..
Youngstown.....	7	..	..	Oberlin.....	24	..	..
				Toledo.....	4	..	..

No infectious diseases reported to health officers in 13 towns.

C. O. PROBST, M.D., Secretary.

SUBSCRIPTIONS to LANCET-CLINIC may commence at any date.

A STRANGE MEDICO-L  
CASE.

One evening in May, 1891, belonging to the middle class herself at a police station crying and in great distress, medical assistance, because he was very sick and had pronounced himself. The employer went to the patient's home almost dying; signs of in the house and room, as in case of such an accident. On there was a small vial labelled. The sick man was taken to the principal hospital of San Pablo died the next morning, without recovered his consciousness a minute. The widow and family extremely anxious to have delivered to them to take home wished to wash and dress in a funeral. However, as there strange features about the were denied their petition a mortem ordered, which furnished following curious data:

No external lesion was found. Nostrils and mouth showed bloody discharge and the mouth was full of bloody cotton. On opening the skull no signs of congestion the brain were noticed; and on cutting out the brain, at the base of the lobes a small portion was removed. On the base of the ethmoidal cribriform plate of the ethmoid showed fractures communicating the nasal cavity and corresponding the brain lesions before. These fractures were probably made by some pointed instrument. It was known to have been introduced with great force (hook) turned around in various directions a little further back, and in the middle of the cerebellum, between the mater and bone, there was a collection of coagulated blood; and on opening this blood a fracture was found at the base of the skull, which was from the occipital foramen and entered into the mentioned fossa.

The mouth, nasal, and ear cavities were full of blood-

pointed instrument and only interesting the mucous membrane. The sixth, seventh, eighth and ninth ribs on both sides were fractured, near the insertion of the cartilages, and on the pleura were corresponding ecchymoses. The lungs showed no congestion, as is found in morphia poisoning. In their lower and posterior parts were found remarkable subpleural ecchymoses, like those occurring in cases of sudden death.

It is evident that the lesion, partial destruction of the brain, was the cause of death in this case. The murderer, whoever it was, must be the possessor of certain anatomical knowledge and of a great amount of shrewdness. No further particulars are known, as the case has not yet been brought to a trial.—F. SEMELEDER, M.D. (Mexico), in *N. Y. Med. Record*.

#### KEELEY AND HIS CURE.

The following interesting communication from a layman regarding the Keeley cure has been received by the *Philadelphia Medical News*:

Some weeks ago, on the eve of an absence from home, I got a letter of inquiry from a physician of your city relative to the "Keeley Cure" for whiskey and opium. I cannot find the letter or recall the name of the physician, hence I send my reply to you hoping that I may thus reach my correspondent.

I am deeply interested in this matter as I was for fifteen years a hard drinker, addicted to regular indulgence daily and to periodic sprees.

I have been a sober man for a year, but it was only after returning from the *third trial* of Keeley's so-called cure, and realizing as I sobered up that there was no power on earth that could help me unless I had *will-power to resist* the accursed appetite. I know I can't take one drink at any time or anywhere, without going into a spree that will last as long as my stomach does not revolt. I know further, that of late years every spree results in serious affection of limbs and muscles, indicating a tendency to paralysis. The appetite comes on every

results; I have been able thus far to resist, and at each recurrence I find that the appetite is less powerful in strength and endurance of time.

I never had delirium tremens, but in all other respects I have tested inebriety to its depths. Keeley can do no good of a lasting character. All the notices you see are attributable to the zeal of new converts to the fraud. I was the same way until I went back the third time and kept my eyes open, discovering the frauds and lies. On my last visit, out of forty-five patients, I found thirty-three were there a second or third time, and two for a fourth. Each time I came away he pronounced me "*cured for life*," and I was drunk before I left Chicago. When I saw that I was gone beyond all help unless I could control myself and resist, then and then alone was I able to resist. Keeley has a good tonic that puts the system in good condition; the *ennui* and dullness of Dwight force you to walk to kill time. He makes you sleep until you can eat and walk; and exercise, tonic, and quiet do the rest that is done. So if a man has *power* enough to summon his *will* to his aid and exercise his cool *judgment*, as in business, he may be able to hold out—but *unless he can do this*, there is no help for him. I have been to five asylums, so called, and in all could get what whiskey I wanted; *all are run for the money*, Keeley's especially. I enclose a slip from the *New York World*, which is common history of Keeley's graduate "cures."

Keeley does no more than any reputable physician can do if he can get the patient really desirous of relief, and get him to keep quietly away from temptation until he is sober and tonics have cleared out his system. There are a few exceptional cases, but they only prove the truth of my argument, that the captive once released and sound in body and head, resolves to keep free and fight for the mastery, and is never for one waking moment found off his guard.

It is a sad concession, but my own long experience and observation teach

vigilance of the patient."

This is the naked fact. Keeley does not cure the appetite, and is a consummate fraud in all respects.

You can use this in any way you see fit, and can write to any of the banks here, or to the Mayor, Hon. Peter Keen, and investigate my reputation.

Hoping this may open your eyes to a thorough investigation,

I am yours truly,

SAM. MCKINNEY.

Knoxville, Tenn.

#### A CLERGYMEN THE ADVANCE TRUMPETER.

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have its branch office (in the inebriate business). As usual, a reverend gentleman is the advance trumpeter for the conquering charlatans.—*Rocky Mountain Druggist*.

#### SUICIDES AMONG PHYSICIANS.

The *Chicago Tribune* notes as an interesting fact, not only that physicians headed the list of suicides last year, but that they have headed it every year in the last ten. The *Tribune* can give no explanation of the reason, but there can be no doubt that the source lies in two facts, viz.: that many physicians become addicted to the morphine habit and commit suicide to end a miserable existence, and that now-a-days competition is so brisk in the medical profession that many are driven to suicide in sheer desperation.

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—*Materia Medica and Therapeutics*, Dr. Mitchell Bruce.

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**LXVII**

## CONTENTS.

### ORIGINAL ARTICLES.

CREOSOTE IN THE TREATMENT OF PHTHISIS. By Frederic Kebler, M.D., Cincinnati.	713
INTESTINAL INFECTION IN TUBERCULOSIS. By S. P. Kramer, M.D., Cincinnati.	716
... .. Crouch, M.D., Union; Ky.	719

### RECENT REPORTS.

RE. [April 25, 1892. Treatment of Phthisis.	722
Y MEDICAL SOCIETY. [March 23, 1892. scs in the Eye. By John S. Stewart, lphia, Pa.	724

### TRANSLATIONS.

HIT-CHAT. By T. C. M. : on Physicians by "Gyp." By F. H. Pritchard, M.D.	727
im in Pruritus Ani. — Mechanical Asthma.	716
he Treatment of Tapeworm.	721
holic Cirrhosis of the Liver. — Cactus	729
a Functional Heart Diseases. — Chronic	729
olium in Dysmenorrhœa. — Chronic	730
Acid in Syphilitic Affections of the Buccal Cavity. — Combined Chloral and Morphine Anæsthesia. — Treatment of Pruritus Ani.	730
Naphthalin in the Treatment of Whooping-cough.	731

### EDITORIAL.

THE CINCINNATI HOSPITAL.	731
THE COAGULATION OF THE BLOOD.	733
EDITORIAL NOTES:	

### BIBLIOGRAPHY.

Tartado Teorico Practico de Enfermadades de la Gar- ganta, Gomez de la Mata.	737
Fundamentos de Patogenia, Cerrada y Martin.	737

### SELECTIONS.

A Novel Cause of Death.	731
Milk: Is its Sterilizing Necessary? — Allingham's Oint- ment for Hemorrhoids.	736
Displaced Gall Bladder. — To Dissolve Cocaine.	737
The Presbyterian Eye, Ear and Throat Charity Hospital of Baltimore. — Antipyrin in Ophthalmic Practice.	738
Eye Strain and Disease. — Tubercular Infection of the Fetus in Utero.	739
Resection of the Liver. — A Method of Accelerating Des- quamation in Scarlet Fever.	740
Alcoholism and Tuberculosis.	741

### MISCELLANY.

Report of the Health Department of Cincinnati.	741
Health Bulletin Ohio State Board of Health.	742
The Degradation of the Secular Press.	742
Medical Nihilism.	743
Morphine Parties in Paris. — Keeley Sued.	744

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## Original Articles.

## CREOSOTE IN THE TREATMENT OF PHTHISIS.

WITH REPORT OF A CASE.

A Paper read before the Academy of Medicine,  
April 25, 1892,

BY

FREDERIC KEBLER, M.D.,

Adjunct Professor of Theory and Practice of Medicine,  
Medical College of Ohio.

Creosote has been used for so long and so much has been written on its effects, that the report of a case of phthisis pulmonalis treated with this agent has about as much interest and startling novelty as the report of a case of intermittent fever treated with quinine, or a case of syphilis treated with mercury and the iodide of potassium.

The object of this paper, and report of this case, is more particularly to get the ideas of the members on some points in the use of the remedy, such as dose, method of administration, etc.

The case of which I give only a synopsis, is as follows; I regret that I took no notes of the case but must confine myself largely to memory:

In the fall of 1890, I was consulted by A. M. J., a physician of about thirty years of age, of good family history and habits. I had become personally acquainted with him while he was a student of medicine, and knew him then as a hard-working, robust man. He graduated in 1886.

When he came to consult me, the change in his appearance was most marked. He had lost some thirty pounds in weight, his eyes were sunken, his cheeks hollow, and the hectic, cough and rapid breathing made an examination of his lungs almost unnecessary, for

tuberculosis had set her stamp upon him. He also complained of fever and night-sweats.

An examination of his chest showed dulness on percussion over the upper part of the left lung with increase of vocal fremitus. Slight dulness over the apex of the right. Auscultation revealed blowing respiration at the left apex, with numerous small soft râles, which, to some extent, were present over both lungs, particularly at the apices. The general history was one of rather sudden onset with rapid course. My friend Dr. Seth Evans, curator to the Cincinnati Hospital, kindly examined a specimen of the sputum for me, and reported that he found it swarming with the bacillus tuberculosis, indicating a rapid course of the diseases. I advised a change of climate, although I must confess without much hope of an ultimate recovery. Circumstances prevented his following my advice.

I now quote from a letter received from him a few days ago:

"Shortly after seeing you I began taking Merck's beech-wood creosote in whisky, beginning with one drop after meals. I soon increased the dose, omitted the whisky, and took it in milk. The largest doses that I took regularly were twenty drops after each meal, in a large goblet of sweet milk. The only disagreeable effects were eructations and largely increased urinary secretion.

"I have had influenza four times, the first in the winter of 1890. The first three attacks did not confine me to the house. The last one occurred in January, 1892, and confined me to the house for ten days.

"I eat and sleep well, and do my share of practice day and night. Weight about my usual standard, 157 to 160

from the letter that I saw him for the second time about six months after his first consultation. He was then markedly improved, the only physical signs of trouble being very slight dulness over the upper part of the left lung and a few moist râles. He had gained in weight nearly to the normal, and all of his symptoms, fever, night-sweats, etc., were either absent or much ameliorated. A second examination of the sputum by Dr. Evans showed that the bacilli had either wholly or almost wholly disappeared, one or two objects that possibly were the bacilli being present.

There is little to add to this history. The last time I saw him I could find nothing abnormal by physical examination, in which opinion Dr. J. M. French, who also examined him, coincided, and Dr. Evans, who for a third time examined the sputum, reported that he had been unable to find any bacilli.

It seems to me that a fair, and, indeed, a very conservative judgment of this case, can only result in the opinion that the patient had tuberculosis, and that, owing to the use of creosote, the disease is, to say the least, held in check, and in all probability driven from his system. I would call especial attention to the fact which he speaks of, that even after repeated attacks of influenza no tuberculous symptoms have manifested themselves, and that his sputum is free from the bacilli, knowing as we do how frequently pulmonary troubles are the sequelæ of the disease.

Another point which should, I think, not be lost sight of, is that the general symptoms, the physical signs and the bacteriological condition of the sputum indicated a rapid progress of the disease to a fatal termination.

I do not hold as yet that the patient is completely out of danger. It seems to me that he should keep a sharp eye on himself, watch his symptoms, and be careful for some time to come; but even should the disease return I feel convinced that he has had added to his life many months of usefulness.

great differences of opinion held by different writers — some holding that creosote is almost if not quite a specific, if given properly and in cases not too far advanced; while others, as, for instance, Osler, thinks it of very slight if of any utility. In his recent text-book he disposes of the treatment of phthisis with creosote in a very few lines, and finishes by saying: "In 101 cases given in my clinic by Meredith Reese, the chief action was on the cough and expectoration, which were much lessened, but the remedy had no essential influence on the progress of the disease."

From the comparatively few cases I have had an opportunity of trying it on, it seems to me that those which offer the most hope are such as the one I have reported — rather acute cases, in which the symptoms are sharp and in which there seems to be an affection of a good part of the lung. The old, slow, chronic cases, in which we have the disease most marked in one part of the lung, with perhaps a cavity in one of the apices, do not do so well. In some of these cases creosote has produced amelioration, temporarily, of the cough, expectoration, and fever with the sweats, but the disease goes forward, arrested, possibly, for a time.

The dose in which it is given seems to vary as much as the ideas of its usefulness. Personally, I have not seen any good results under ten drops. If the patient cannot take that amount three times a day, I see no reason for continuing the drug, because the reason for which it cannot be taken is usually gastric irritation, and in no disease do we require the alimentary canal in better order than in phthisis. I begin with one drop three times a day, advancing one drop at a dose until fifteen, or better, twenty, drops are taken, three times a day. If slight gastric irritation manifests itself say at five drops, I drop to four for a few days, and then advance to the required amount.

It is not my intention to weary the society by adding to this paper a review of all the various physiological

First, on the bronchial mucous membrane, and the change that takes place in the character of the sputum. In some, but by no means all, of the cases, in the beginning of the treatment the sputum is thick and purulent. When the dose has been increased to ten or fifteen drops a remarkable change is manifest. Instead of the thick, heavy, yellow tenacious sputum, difficult of extrusion, we find an increase in the quantity and a marked change in the quality. It becomes much more fluid. It seems, indeed, to be made up of a great quantity of almost clear serous fluid, in which floats quantities of mucopurulent material. This material is much less yellow in color than that which is first expectorated, and requires almost no effort to cough it up. The quantity in some cases is prodigious, and, as one patient told me, he was almost drowned in his own secretion. After a week or ten days of this condition of affairs the sputum becomes once more thicker, but does not seem to require the heavy cough to bring it up as was the case at first, and in a favorable case this goes on to a stoppage of the cough and expectoration.

Another point is the urinary secretion. In the case quoted to-night this was markedly increased, and that is often, though not always, the case. I have been unable, so far, to find albumen in the urine, although I have repeatedly searched for it. I have never observed any catarrh of other mucous membranes, although it has been looked for.

How is the remedy best administered? On account of its very disagreeable taste and acridity, this is, I think, an important question. A menstruum I have used to some extent is milk, but in my limited experience the patient soon tires of that, especially when the creosote is given in large doses; and, worse than that, in a short time milk alone, from the association of ideas and from the memory of how it tasted when flavored, or rather tainted, with the drug, becomes an object of disgust, and we cut off from our patient a very use-

ful, and is, highly recommended, and, while I think it better than milk, still it also is open to the same objection, in one way. The patient tires of the mixture, although I have yet to see a case where the taste for the menstruum without the drug was destroyed. A mixture of equal parts of tincture of gentian and creosote has its advocates, but that is, to say the least, not an appetizing compound, and where a remedy is to be used for a length of time, as creosote must be, this is an item of importance. Some, more particularly the French, highly extol the hypodermic injection of creosoted oil, a mixture of creosote and olive oil, or else guaiacol, one of the constituents of creosote, in oil. That method I have not tried, partly because the injections must necessarily be made by the physician himself, thus taking a large amount of time; and partly because, from what I have been able to learn from reading, it must be very painful. In fact, one of the prescriptions for the hypodermic use of guaiacol included cocaine as one of its ingredients, and from what I have seen of cocaine I do not care to give it daily, even in small doses, being afraid of causing a habit for the drug.

Personally, I have had the best results from capsules, the ordinary hard capsules, such as it is so common to give quinine in. It does not do to have a quantity of capsules filled and then put to one side to be used when the time for taking the dose arrives, for before long the creosote soaks or leaks out, and the advantage of tastelessness is thus lost. I recommend the patient to buy a box of capsules, and, as each time for taking the medicine rolls round, to put the requisite number of drops in a capsule, close it up, and take it. I have in this way given fifteen drops four times daily without the slightest difficulty. It would naturally be supposed that when so large a quantity of so acrid a drug as creosote were suddenly poured into the stomach, as must happen when the capsule is dissolved, that the organ would resent it, but that has not been my experience. Indeed,

eight drops in capsules five times daily without gastric irritation, although she was in a very weak state, and ultimately succumbed to the disease.

Finally, it seems to me that we have in creosote a drug which, in properly selected cases, is capable of greatly ameliorating and holding in check tuberculosis of the lungs—in some few cases curing it—and which is destined, as its proper use becomes more and more known, to occupy a high place in our pharmacopœia.

[FOR DISCUSSION SEE P. 722.]

#### TEUCRIUM SCORDIUM IN PRURITUS ANI.

Dr. Brinton (*Wiener med. Presse*, No. 17, 1892) recommends the use of *teucrium scordium* in *pruritus ani*. In obstinate *pruritus ani* from hemorrhoids or when there is no local lesion, he employs the powdered leaves with success, in doses of five to six decigrammes (eight to ten grains) three times a day, half an hour before meals. After they have been used for seven to ten days the *pruritus* gradually disappears entirely. When the hemorrhoids are well developed the result is not so good; from this it is seen that the remedy acts chiefly upon the nervous cause of the *pruritus*.

#### MECHANICAL TREATMENT OF ASTHMA.

Dr. Goebel treats asthma by rapping the posterior portion of the chest quite violently, until the entire thorax is set into rapid vibration. This improves the circulation and also influences favorably the emphysema upon which the disease is based, stimulates the atrophic vesicles, and thus indirectly betters the nutrition of the lung. Although the writer has used this method in but a small number of cases, he feels that he is justified in bringing it to the notice of the profession, as he has obtained such good results in the cases treated.

—[Pritchard.]

A Paper read before the Ohio State Medical Society, May 6, 1892,

BY

S. P. KRAMER, M.D.,  
CINCINNATI.

In the light of our present knowledge, following the teachings of Koch and Cornet, the inhalation of the inspissated sputum of phthisical persons may be regarded as the greatest source of infection in tubercular diseases. The importance, however, of infection by the alimentary tract is not to be underrated. The upper half of the digestive tract (mouth, throat, œsophagus, stomach, duodenum, jejunum) offers an unfavorable soil for the tubercle bacillus. The lymph follicles of the ileum and large intestine are the organs usually infected when the disease has its origin in the intestinal tract.

The very large mortality from tuberculosis in young children, ranging from 20 to 40 per cent. of all deaths, and the fact that in a very large proportion of these cases the disease is of intestinal origin, has very forcibly drawn our attention to cow's milk as a possible source of infection. Koch, in his work on the etiology of tuberculosis, alludes to this source of infection, and says: "If infection is to take place [from this source], it is necessary that the milk contain tubercle bacilli, but this appears to be the case only when the milk glands themselves are affected with the disease." The experiments along this line have been such that there can now be no doubt but what the milk of cows whose udders are affected is highly infectious. Large numbers of bacilli are often found in such milk, and, inoculated upon guinea-pigs, it produces well-marked tubercular disease.

On the question as to whether the milk contains the virus in those cases where tuberculosis exists, but where the milk glands are healthy, there are great differences of opinion. According to Bollinger, milk of tuberculous cows with apparently normal udders has in 55 per cent. of the experiments con-

upon the lower animals. This percentage is probably very high. Bang, of Copenhagen, reports the results of his experiments with the milk of twenty-one highly tuberculous cows whose udders were apparently healthy. He found the milk of four of these animals produced the disease when injected into the peritoneal cavity of guinea-pigs. On microscopical examination of the milk glands of these animals he found incipient tubercular disease in three of the four cases. Thus we cannot always be sure from a macroscopic inspection that the milk glands are not infected with the disease. Ernst, of Boston, in a similar investigation, obtained seven positive results from the milk of fourteen cows with apparently healthy udders.

Inoculation experiments with the flesh of tubercular cows, more especially when the disease has become very far advanced and generalized, have given positive results. This, however, is a lesser source of danger, for two reasons — the one that the muscular tissue does not offer a favorable soil for the development of the bacillus, and secondly, because of the heat employed in the preparation of meats.

Galtier has found that the fluid obtained from tuberculous animals may contain the bacillus, but that in the majority of cases inoculation upon animals failed to produce the disease.

Perroncita inoculated two hundred rabbits, as many guinea-pigs, and two oxen with the fluid obtained from the muscles of tuberculous pigs. None of these animals became tuberculous. Eighteen young pigs were fed for a period of four months with the flesh of tuberculous cows; on post-mortem examination of these animals thus fed no tubercular lesions were found. On the whole, then, there seems to be but comparatively little danger in this direction.

Ollivier reports a very convincing experience, illustrating the danger of infection from milk. At a girls' school at Chartres, France, there occurred within three months eleven cases of

tubercular disease in whom the family history and previous state of excellent health warranted the statement that they would otherwise not have been infected. On investigating the cause of this frightful occurrence, it was found that during this period the school had obtained its milk-supply from a cow which had shown on post-mortem examination advanced tuberculosis of the lungs and peritonitis, and more especially of the milk glands.

The question of importance to us is, How shall we detect the presence of the bacillus in milk? Detection by microscopical examination very often requires repeated and patient efforts, and it would seem that the bacilli would not be detected unless present in large numbers. That such an examination is, however, attended with results, has been proven. Thus Ernst found the bacillus in 31.5 per cent. of the cases where the milk of tuberculous cows was examined. Drs. Freeman and Oliver were also able to demonstrate large numbers of tubercle bacilli in the milk of animals in advanced stages of this disease.

The plan I should recommend would be the following: The milk is to be poured into a large test-tube, care being taken to avoid all sources of contamination. The milk is acidulated with a few drops of hydrochloric acid and heated for from three to five minutes in a water-bath. This will precipitate the proteids present and facilitate their falling to the bottom. In settling the sediment carries down with it any tubercle bacilli which may be present. The milk is allowed to stand until the sediment has fallen to the bottom; the supernatant fluid is to be drawn off, and the sediment collected and thoroughly rubbed up in order to diffuse any bacilli which may be present. Any of the staining methods may be used for their demonstration. More positive results, however, are of course obtained by the intra-peritoneal inoculation of guinea-pigs.

cattle. Experiments have been carried on in this direction by various investigators with considerable success:

Bang injected fifty-three animals, in 41 per cent. of which the post-mortem examination disclosed tuberculous disease. Of these forty-one, thirty-eight gave a typical reaction; in three the reaction was insufficient. Of twelve healthy animals, two gave a very insignificant reaction.

Johne and Siedamgrotzki obtained similar results.

Lydtin injected eighty animals selected at random. Of these, eighteen showed reaction, of which seventeen were found tuberculous. Of the remaining sixty-two, where no reaction had occurred, none were found tuberculous. In another series, nineteen strong, apparently healthy milk-cows were injected. Of these, nine showed the reaction, and were found on post-mortem examination to be tuberculous.

Roeckl and Schütz injected sixty animals, with a positive result in fifty-one. Of these, forty-three were found to be tuberculous. Of fifteen animals with a negative result, four were found with evidence of the disease.

Nocard experimented upon seventy-one animals, all of them being subsequently examined post-mortem. Of these, twenty-two showed the reaction; examination revealed tuberculosis in twenty-one, and in the other animals a general lymphadenitis was found. Of the remaining forty-nine animals, where no reaction took place, three were tuberculous. Of eighteen milk-cows, two reacted and were found tuberculous.

So that, while this diagnostic agent is not infallible, it is yet of very great value indeed, especially in doubtful cases.

The method employed by Nocard was the following: Thirty to forty centigrammes of tuberculin are to be injected. As a rule, in tuberculous animals, a rise of temperature of from  $1^{\circ}$  to  $3^{\circ}$  C. occurs in from nine to eighteen hours after the injection; the rule is in

C. tuberculosis should be suspected. A higher temperature establishes the diagnosis.

And now as to the question of prophylaxis. How shall we prevent infection of the human species from the ingestion of milk from tuberculous cows? In the first place, it has been found that the dilution of tuberculous milk with healthy milk greatly lessens the danger of communicating the disease, so that, so far as this disease is concerned, there is less danger from the use of the mixed supply of the dairies than from the milk of a single cow under like conditions of hygiene, etc. So far as milk is concerned, the question of prevention is absolutely settled by previous boiling; but many people will not use boiled milk, and it is still an open question as to whether the nutritive qualities of milk are not lessened by boiling. Moreover, for the products of milk, such as butter, cheese, etc., it is not applicable. It then becomes a question of dairy inspection, and it is in this direction that the beneficial results from these investigations are to be obtained.

The following suggestions have been published, the observance of which would be productive of much good. A regular staff of veterinary inspectors, well-trained for such work, should be appointed, whose duty it should be to examine fortnightly all cattle furnishing milk-supply. These inspectors should have the power to isolate all cattle in which the presence of tuberculosis or *perlsucht* is suspected. It should be made penal for any dairyman to throw into his milk-supply the milk of cattle thus isolated. Moreover, no phthisical person should have charge of any department in a dairy. That the practice of many of our city dairies, of crowding large numbers of cattle in filthy, badly-ventilated pens, is a great source of evil, there can be no doubt. At the same time care should be taken that the source of private milk-supplies be not infected, the more especially since such

[Continued from April 30, 1892.]

To recapitulate, nutrition is normal or abnormal. When it meets the physiological requirements of the body it is normal, or physiological nutrition. Pathological nutrition recognizes any departure from the normal. It may be excessive or deficient.

Irritation is the most frequent, if not the only cause of nutritive disturbances in organic life. Vegetation, being more simple in its life and construction, is easier to study, and more readily understood. Its analogy to animal life, with its complex structure, makes it a fascinating, as well as profitable field of investigation. We take for illustration the common nut-gall, which is an excrescence on a species of oak. It is due to the fact that a *young* shoot or bough has been pierced by an insect, which has deposited an egg in the wound. The parts are wounded, destroyed, irritated. The nutrition is injured, and those cells capable of performing their function become succulent with nutrient material. Excessive nutritive metabolism manifests itself in cellular activity and proliferation—a tumor results.

We have here a wound simple in nature, and in that wound a foreign body is placed, in this instance an egg from an insect. Any foreign substance, as a small shot, under like circumstances, would produce similar results. The first changes observable take place in the cells that have been irritated, but not too severely injured. They respond to the stimulus, and become remarkably active. They take in large quantities of nutrient material of their special kind. In the case of the oak-gall this material is very rich in substances that produce tannin. The cells that have been destroyed also act as foreign bodies, irritating the surrounding cells capable of action, or prone to form new substances more irritant in nature. These cells grow and proliferate very rapidly until quite a tumor is formed.

evidence in forest, orchards and fields, of morbid growths, due to simple wounds received from birds and animals, as well as from the woodman's axe.

Where the limbs have been cut in pruning the orchard, we find an abundant and excessive proliferation of cells, which may continue to such an extent as to cause the point of excision to become encysted. The gnarled oak and other familiar vegetable deformities are of frequent occurrence. I call to mind a pine tree that had been wounded by a bird in a number of places. In a short time there exuded a resinous material in great abundance. On careful examination of the parts the cells were found in every stage of proliferation, very juicy, rich in resin.

These facts were all necessary to explain the enlargement, heat, and exudation. The irritation here was both formative and functional. The formative was displayed in hypertrophy, proliferation of cells, tumor. The functional in the excessive action of cells, enabling them to take up large quantities of material and convert it into substances peculiar to them, in this instance resinous.

These things, so common and easy of demonstration, are exact analogies of many pathological conditions in the human body. We note the beginning of the morbid condition, its local origin in cells that have been subjected to irritation; the first effect in their condition is to disturb or alter their nutrition. Thence follows the *varied*, and perhaps lengthy pathological processes.

There is nothing present here, or produced in these morbid conditions, that have not their exact prototype in the normal structure of the plants. The same cells (elementary parts of cells), the same specific secretion, and an *irritant only*, is responsible for the *excessive proliferation* of the one, and production of the other. The normal nutrition of the ultimate tissues may become so altered as to be vicious in nature, as in tubercle, cancer, syphilis. The *secretions* may also become altered (as the indirect result of disordered nutrition) to such an

crease and intestines. The *organs concerned* in ridding the organism of excretory products, effete material of nutritive metabolism, may be so hindered, or their work so interfered with, as to leave more or less of this in the body. These obnoxious substances will produce various symptoms.

As in case of the oak-gall, which contains a larger amount of tannin materials than other portions of the tree, so may various morbid growths of the human body contain larger amounts of albuminoids, nitrogenous and other complex substances, which, by chemical reaction, under favorable circumstances, may undergo vicious changes. The tumor or growth becomes filled with vile juices and more vicious proliferation; in other words, becomes malignant, or more so.

The case referred to, where the pine tree was wounded by the bill of a bird, is analogous to the condition we call inflammation, which condition can no longer be considered as an entity, "differing in its essence from other pathological processes, but only to regard it as one differing in its *form and course*" (Virchow). The mechanism of all inflammatory conditions is essentially the same. In acute tubular nephritis we have the "course and form" of

cause remains active or disappears. The process may continue in a modified form or change its course, giving as results the "large, white kidney," "fibroid kidney," "fatty kidney." The "large, white kidney," representing excessive nutritive metabolism, of its kind, or parenchyma. The "cirrhotic," or fibroid, likewise involving the connective-tissue. The "fatty kidney," defective nutrition of parenchyma. Excessive nutrition having reached that point where it becomes defective by reason of its formative progress.

In interstitial hepatitis we have a typical condition of a mechanical irritant producing disturbance of nutrition, resulting in hypertrophy and hyperplasia of the fibrous or connective-tissue of the liver. The one great cause of this condition is the abuse of alcoholic liquors. Alcohol, then, is the irritant. The tissue becomes so abundant as to interrupt the excessive nutritive condition, causing it to become defective. The parts then undergo atrophic and fatty degeneration. View this disease as you may there can be but one solution. The etiology is unmistakable, the anatomical changes and pathological conditions undeniably plain. The clinical history convinces us that our theory is practicable, and that so grave a condition, far-reaching



*irritation* is a very frequent cause, at least of abnormal nutritive changes and processes.

In speaking of *abnormal* and *normal nutrition*, we do not wish to convey the meaning of opposites any more than in speaking of *health* and *disease*. There is a contrast, to be sure, and so closely related are they that no lines of demarcation can be drawn, no more than where light merges into darkness after the sinking sun has disappeared beyond the horizon. Health is the normal or physiological life of *organic bodies*, the most important essential feature of which is a perfect *nutrition*. In disease, likewise, the most important is an imperfect or altered nutrition; in other words, health recognizes a body with all its organs and ultimate tissues perfectly nourished.

Disease is proof of the fact that these same component parts are not perfectly nourished. The study of special diseases must involve these conditions. No one can fail to recognize predisposing causes when we take into consideration the etiology of any given pathological conditions, as heredity, environments, etc., any more than to refuse to consider an irritant of some kind the exciting cause. I have just called attention to some facts, in practical reach and easy of demonstration, to illustrate the manner in which this is brought about.

We may glean the field of facts again and again, gather into bundles symptoms, anatomical changes, pathological processes, etc., call them special processes, diseases of whatever kind we choose, it matters not, for facts are stubborn things, unchangeable, and our division can only be arbitrary. That there are different conditions no one would attempt to deny, but there are differences of "*forms*" and course belonging to the same family, *disordered nutrition*, the species of which represent the different conditions or diseases.

Diseases, then, can not be considered an *entity*, but a condition or process differing from health only in its form and course. Take a malignant growth, as cancer, it differs from normal growth only in form and course. It is composed of cells and inter-cellular substance,

like other tissues. Its cells divide and subdivide, like normal cells. Its food (whereby it is nourished), is derived from the same source, the blood, and if that nourishment is withdrawn it dies like other tissues. The nutrition of the tissues is the only thing at fault, and that so faulty that it is vicious. The subject of nutrition is as inexhaustible as life itself, and as *important*. Altered nutrition, or general disease, is as broad, deep and varied as pathology.

The few facts I have presented may prove, and the deduction show a theory of my own; but I shall have labored in vain, if I succeed not in attracting thinking minds to the *importance* and proper *position of nutrition*.

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#### PUMPKIN SEED IN THE TREATMENT OF TAPEWORM.

Dr. H. Roemer (*Pharmaceutische Presse*, No. 15, 1892) recommends the peeled seeds of the common pumpkin as an effective and safely acting taniafuge. For an adult the dose may be placed at sixty to seventy grammes (two to two and a half ounces) of the peeled seeds. Half the quantity of oil-less cocoa is added, with a little sugar and some syrup, and water enough to make a plastic mass on rubbing it in a mortar. This is made into fifteen or twenty pastiles and coated with sugar. The patient, after the usual preliminary period of fasting and a dose of castor oil, is given one of the pastiles every ten minutes. Children require but half this quantity. The result is astonishingly good. The writer has expelled over one hundred tapeworms in this manner. Only in a few cases was vomiting noticed. In general, the patient feels no disagreeable symptoms.

The seeds of the last year should be used and carefully peeled, which will be found a tedious task. Whether the oil is the active principle, or whether it is first developed by the crushing of the seed with water, as is the case with bitter almonds, mustard, etc., the writer does not attempt to solve. (See the LANCET-CLINIC, preceding number, for article on tapeworm expellers.

—[Pritchard.

# ACADEMY OF MEDICINE.

## OFFICIAL REPORT.

*Meeting of April 25, 1892.*

The President, G. A. FACKLER, M.D.,  
in the Chair.

T. V. FITZPATRICK, M.D., Secretary.

DR. F. KEBLER read a paper on

*Creosote in the Treatment of  
Phthisis (see p. 713).*

### DISCUSSION.

DR. G. A. FACKLER:

In our text-books on materia medica and therapeutics we find, as a rule, creosote and carbolic acid mentioned in one paragraph, the authors dwelling upon the fact of the similarity of their action. This seems unjustifiable in the light of the fact that carbolic acid is a definite chemical compound, while creosote is a complex substance. It would be less erroneous if in the classification we group together carbolic acid and guaiacol. In the fractional distillation of coal-tar there passes over at a certain temperature an oily liquid termed commercial carbolic acid. This consists of pure carbolic acid, cresol, naphthalin, etc. In the distillation of wood-tar there passes over at a certain temperature an oily liquid called creosote. This is a compound of guaiacol, creosol, kresnyl, phloryl and phenyl alcohol, etc. The activity of creosote depends upon the percentage of guaiacol contained therein.

All of us are aware of the distinctly gratifying results obtained with creosote in the treatment of pulmonary tuberculosis. But we are dealing with a compound substance. In guaiacol, however, we have a substance which answers all indications of creosote, and is to be preferred, since it bears the same relationship to creosote as chemically pure carbolic acid to the crude acid. Guaiacol is a definite chemical body, known as methyl-pyrocatechin, and is therefore precise and certain in its therapeutic action. When fresh it is a neutral, colorless, oily, translucent liquid of pleasant aromatic taste; sp.

Sahli, of Berne, was probably the first to use the remedy. Fraentzel, of the Charité Hospital in Berlin, employed it in place of creosote with very satisfactory results. It has been eulogized by Nobili as the sovereign of all known remedies in pulmonary phthisis, augmenting the power of organic resistance against tubercular infection and of destroying tubercle bacilli.

Its effects are most striking in cases of acute exacerbations occurring in chronic tuberculosis. There will be observed an immediate lowering of temperature to the normal point without symptoms of collapse, reawakening of appetite, change in the character of the sputum and diminution of its quantity, slowness of pulse, increase in strength, etc. The almost magical effect of guaiacol in some cases of general hectic symptoms indicates that it exerts a specific influence upon the phthisical process in the human body. It must have some action upon the bacilli and upon those of their products which produce fever.

The experiments of Guthman demonstrate that the development of tubercle bacilli is checked when creosote is present in the blood in the proportion of 1 : 1,000. This can be accomplished by giving fifteen grains a day.

Marfori has ascertained that guaiacol is, as an antiseptic, superior to the commonly employed agents belonging to the aromatic series.

The spores of anthrax are destroyed by a 5 per cent. solution of carbolic acid in twenty-four hours, but it requires only a 2 per cent. solution of guaiacol to accomplish the same result, while the bacilli are killed by 0.5 to 1 per cent. of guaiacol solution.

Creosote contains 60 to 90 per cent. of guaiacol.

The speaker reported two cases of pulmonary tuberculosis treated with guaiacol and illustrating the foregoing remarks.

DR. SETH EVANS:

I made the examination of the sputum in the case referred to by Dr. Kebler.

are sometimes found in sputum. It was my opinion that the case was one of rapidly progressive pulmonary tuberculosis. The second sample of sputum given me by Dr. Kebler was thin and watery. There were no true, well-developed tubercle bacilli to be found in it.

It would be interesting to know what effect on other tissues creosote would have.

DR. LEONARD FREEMAN:

I wish to call attention to the fact that the number of tubercle bacilli found in the sputum does not always indicate the stage nor the severity of the disease. A quantity of bronchial mucus, or even secretion from a cavity, may be expectorated in which no bacilli can be detected, while the very next expectoration, or the expectoration of another day or week, may contain a great number of the germs. I remember a typical advanced case of pulmonary tuberculosis in which repeated examinations of the sputum were always negative until just before death, when numerous bacilli were found. Many specimens of sputum must be examined before concluding that phthisis is absent. The presence of but one or two bacilli would scarcely be conclusive unless they were typical in every respect, because there are so many things which may resemble bacilli, such as dirt, burnt places, elongated nuclei of cells, etc. In a few words, the apparent absence of tubercle bacilli does not prove the absence of tuberculosis; but the actual presence of bacilli proves the existence of the disease without a doubt.

DR. J. L. CLEVELAND:

I am glad to have heard this paper of Dr. Kebler's. He has brought before us to-night a subject of vast interest, and one that should be considered of great importance by every practitioner.

I have given creosote, but always found the trouble to be in the manner in which it was administered. I have administered it in whisky, milk and glycerine. I think the suggestion made by the essayist to put the creosote into empty capsules is a very good one, and

to hear of such able men giving creosote in such large doses as one hundred drops. The tolerance of creosote on the part of the patient seems very much like that of the arsenic preparations. Beginning with very small doses, we can ultimately give very large doses, which will be tolerated without any of the toxic effects. My success with creosote in the treatment of tubercular troubles has not been very marked, I think, owing chiefly to the difficulty of getting the patients to take the creosote in sufficient quantities. I have one patient who cannot take creosote at all, but stands guaiacol well. If guaiacol is as efficient, or more so, as suggested by a previous speaker, it is certainly a valuable substitute for creosote. Whilst I cannot doubt for a moment the usefulness of guaiacol, yet its great expensiveness is against its popular use.

DR. B. F. BEEBE:

When we recall the fact that one-third of the mortality is due to tuberculosis, we must welcome such a remedy as has been given to us to-night. I recall two cases to whom I administered creosote. In each case I had given a bad prognosis. All the physical and rational symptoms were well marked, yet under the creosote the disease was arrested. The remedy was administered between meals. I have given as large a dose as fifty drops within twenty-four hours, with only a very slight gastric disturbance.

The theory that the action of guaiacol and creosote put the system in such condition as to resist the deleterious effects of the germ, but does not destroy that germ, is a theory deserving of our confidence. When we consider the fact that in some families which are tuberculous we find some members who escape the disease, we cannot account for this on any other rational ground than to believe their systems have the power of resisting the invasion of the germ.

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DR. AUSTIN FLINT has been decorated by Venezuela and been accorded the order of the Liberator.

*Meeting of March 23, 1892.*

The President, JOHN B. ROBERTS, M.D.,  
in the Chair.

DR. JOHN S. STEWART read a paper  
on the

*Use of Gelatine Discs in the Eye.*

Some excuse, perhaps, may be needed for bringing before this society a subject which can be of practical interest to specialists of one department only; but it has occurred to me that a very brief account of one of the methods of applying medicaments to the eye, which, in my hands at least, has proven highly satisfactory, may be not altogether devoid of interest even to those engaged in other lines of work. I refer to the use of medicated gelatine discs, and in the present instance will consider only the advantages of applying homatropine and cocaine to the eye by this means. Four years ago, in an article on the subject "Homatropine," published in the *Medical News*, March 3, 1888, I called attention to the fact of having frequently observed an irritant action exerted on the deep structures of the eye by repeated applications of a watery solution of hydrobromate of homatropine. At that time it was my belief that this irritation was the principal cause why ametropia cannot be accurately estimated in very many cases where homatropine has been employed, and a considerable experience since in the use of watery solutions of the drug tends only to confirm this opinion. That irritation is produced in every instance by this method of practice, I do not pretend to say; but I am convinced that in all cases where there has been considerable and long-continued eye-strain, resulting from efforts to overcome particularly aggravating forms of refractive error, or where chorio-retinal irritation, due to other causes, exists, the homatropine as ordinarily used very often adds to the intra-ocular disturbance, and thereby interferes with attainment of the object for which it was em-

the use of watery solutions of this drug is that a large proportion of the effect is expended on the nasal and pharyngeal mucous tract rather than on the eye, as intended. There is no doubt in my own mind that both the irritant effects on the eye and the, at least, unpleasant ones on the nose and throat are directly due to the necessarily strong solutions employed—ranging, so far as I have been able to learn, from eight to twenty-four grains to the fluidounce—instilled in most instances a number of times within an hour.

It is claimed that medicated gelatine discs for ophthalmic use were first made in 1863 by Savory & Moore, of London; but, strangely enough, they have never been extensively used. About five months ago I began to try some of those made at the suggestion of Dr. C. A. Wood, of Chicago, by Messrs. Wyeth & Brother, of this city, and almost ever since, when I have had occasion to use homatropine alone or combined with cocaine for the purposes of refractive work, I have much preferred these discs to the watery solutions formerly used by myself.

On first thought it may seem unlikely that a single disc, containing one-fiftieth of a grain each of homatropine and cocaine, could exert sufficient influence on the accommodative power; but I have, in most instances at least, found as nearly complete paralysis of accommodation as I have ever been able to obtain with repeated instillations of 2 and 3 per cent. solutions of homatropine. The reason is not hard to discover. Absorption of the drug by the tissues of the eye takes place about as rapidly as the drug itself can be liberated by the dissolving of the gelatine; but when a drop of solution has been instilled, a large proportion necessarily escapes with the tears, or, if it does not get away so quickly, is quite likely to produce in sensitive eyes the chorio-retinal irritation which so often interferes with obtaining the results for which the drug was used.

Very few of my patients who have

throat, and in these few instances the information was obtained only by questioning the patients on the subject.

In my practice at the present time, in all eyes suitable for the use of homatropine and requiring its use for the purposes of refraction, I am making use of discs containing one-fiftieth of a grain each of homatropine and cocaine—either the hydrobromate and muriate respectively, or the alkaloid of each. I have found it an advantage, but not always a necessity, in the case of most of my patients under twenty-five years of age, to insert a second disc of homatropine only (one-fiftieth of a grain) in each eye as soon as the first is entirely dissolved—usually in about ten minutes. A small camel's-hair brush moistened serves conveniently to convey the disc to the eye, and although it has been recommended to place the disc against the scleral conjunctiva—in the grasp of the lower lid—I much prefer raising the upper lid and inserting the disc beneath it, immediately above the outer canthus, then directing the patient to keep the lids lightly closed as in sleep, and to avoid winking until the discs are dissolved.

It has been urged against the use of the gelatine discs that the lids and eyes are thereby rendered very sticky and uncomfortable. My patients have not complained of this; but I think the annoyance was escaped, in large measure at least, by strictly following my injunction about keeping the eyes closed.

As to the reputed advantage of the combination of cocaine with homatropine, I have little to say. It is claimed, of course, that homatropine combined with cocaine dilates the pupil and paralyzes the accommodation more rapidly and effectively than homatropine alone, and that these results are more permanent. This seems usually to be the case; but cocaine is used by me in these cases because of the quieting effect which it produces on most eyes, thus tending, in some measure at least, to overcome the

I am very glad that Dr. Stewart has given us his experience in the use of the gelatin discs. I have used them but very little, but this limited experience has not afforded me sufficient encouragement to abandon the use of carefully prepared neutral solutions of the mydriatics. The discs in which the cocaine is combined with homatropine, I have found invariably cause severe irritation, as the cocaine solutions are likely to do, and that the attendant profuse lachrymation is liable to wash away the homatropine before absorption can take place. I have not noticed any gluing of the eye by the dissolved gelatin. The obvious intention in the use of the disc is to secure some rapid means of paralyzing the accommodation, for the purpose of correcting errors of refraction. It is possible that in a certain group of cases, without much retino-choroidal irritation, that this means may be sufficient, as was demonstrated with regard to the use of homatropine in 1881. But there is a much larger group of patients, with well-marked retino-choroidal disturbance the result of eye-strain, in which it is essential to have the therapeutic results of prolonged mydriasis. In these patients the more persistent mydriatics are needed. I have tried to administer these in the gelatin disc again and again, but have always come back to the solution as more satisfactory.

DR. LOUIS J. LAUTENBACH:

The gelatin discs of which Dr. Stewart has spoken have been used by me for the past few months. It has seemed rather strange that by the use of one-fiftieth of a grain of homatropine, or at most of two such applications, that the results obtained were practically the same as when from four to eight times this quantity was used in solution, even when the greatest precautions were taken as to its proper instillation, and yet to-day while using the discs, I use them but rarely, relying almost invariably upon the watery solution. The cause for this difference in the

As for the combination of homatropine and cocaine of which Dr. Stewart speaks, there is one very important fact to be mentioned—that is, that every once in a while we will find that after the use of this combination we will find a hazy cornea that is due to a disturbance of the corneal epithelium occasioned by the cocaine, and sometimes this disturbance of the epithelium will occur in a case where it will interfere completely with the determination of the refraction. It is almost impossible to determine the exact amount of astigmatism when the cornea is thus disturbed, the greatest interference being in cases of astigmatism of small amounts, and here we occasionally will be compelled to discharge our patient for the day without having obtained any satisfactory results, being compelled to re-examine the patient at some other time under the influence of this or some other mydriatic.

DR. EDWARD JACKSON:

Some careful comparative tests convinced me that the gelatin discs containing homatropine and cocaine produced a somewhat greater effect on the accommodation than did a drop of the solution containing the same amount of the drugs. A single disc did not, however, in any case produce complete and satisfactory paralysis of the accommodation in a young person. Two discs commonly did.

With such discs, as after any use of cocaine for measuring refractions, one must remember the precaution of keeping the eyes closed to avoid drying of the corneal epithelium and consequence irregular astigmatism. My trial of the gelatin discs has not led me to adopt them in the place of solution.

DR. CHAS. HERMON THOMAS:

Homatropine in solution of 1:40, dropped into the eye at interval of five to ten minutes four or five times, is an effective means of completely paralyzing the accommodation. But these instillations should be made by the surgeon himself, and the refractory measurement should begin within a short time after the last instillation.

There is a little knack which I have been in the habit of resorting to for

some years, which, I think, has great practical value. It consists in putting a small drop from the pipette at the outer edge of the upper lid, slightly elevated from the globe, but without vision. This manipulation prevents the distribution of the alkaloid over the cornea. Used in this way, I have seen conjunctival or ciliary irritation, and any importance, certainly not interfere with a satisfactory measurement.

The atropia discs of Savoy, to which allusion has been made, were tested at Wills Hospital where I was resident in 1865. The immediate effect of the application of these discs was found to be more disturbing to patients than the solution, and I was, therefore, soon discontinued. DR. L. WEBSTER FOX:

The use of medicated gelatin discs in ophthalmic work dates back more than a decade of years. I have used a quantity of these discs in my practice, which I brought with me from England in 1881. I still occasionally use them and find them to answer as well as any of the aqueous solutions of the drug.

I had samples of the discs described by Dr. Stewart, of the Wyeth Bros., which were made by the formula suggested by Wood, *i.e.*, homatropine and cocaine combination. I found that this combination produced two trains of symptoms in the majority of my patients: first, irritation to the conjunctiva and corneal epithelium; and second, on the cornea this corneal disturbance, the transparency of the cornea was lessened, and consequently the visual axis was modified. I had discs made containing homatropine alone, hoping to lessen the corneal disturbance, but must say that I get equally good results from aqueous solutions, and less conjunctival irritation and discomfort to patients. They are not a disadvantage, however, and in case of iritis I use them, combining with daturine instead of atropia.

NEW YORK CITY has 62 districts, 117 homes, and 73 hospitals.

# PARISIAN MEDICAL CHIT-CHAT.

Translated from *La France Médecine*,

BY T. C. M.

*An Amiable Satire on Physicians by "Gyp"—Physicians Grave and Gay—Eccentric Types of Doctors—Two Distinguished Defenders of the Medical Profession—Chateaubriand's Hymn of Gratitude—Lamartine's Tribute of Praise.*

There is no need of becoming tragical over the droll pleasantries, as well as malicious quips, aimed at doctors by a satirical writer in petticoats, *i.e.*, "Gyp," author of the new medical sensation, "Ces bons docteurs." Our profession has served for many years, even long before the days of Moliere, as a target for the witty archers of epigram. Is the profession growing worse, or the patient growing better? The truth is that medicine, as Mr. Prudhomme remarks, is a necessary institution, which, if it did not exist, would surely be invented as a thing always badly needed. Every man is a physician, if not for himself at least for those around him. Where is the man or woman who has not some recipes, or at least a few specifics, against earth's ills? Is medicine not the only science we seek to know as if by instinct, without learning it—does it not come as a natural gift? Do not all discuss medicine without knowing anything about the healing art? To be sure, we medical men monopolize the business for our own profit; we constitute ourselves the vestal keepers of the sacred fire. We no longer affect pedantry, 'tis true, nor do we spit out Latin and Greek sentences as in days of yore. When we dropped our classical languages we made an unpardonable mistake. It would be more profitable to return to the profession as it was respected in the olden times, when men were truly learned. The modern doctor mixes up too much with the world, and yet does not defy its perfidiousness enough. Our medical

on the thorns that our enemies so artfully hide under the roses.

Our epidermis is only slightly scratched, however, in this work by "Gyp," whose portraits of doctors are wonderfully drawn, under the form of a dialogue, by this wicked but beautiful little blue stocking. Our authoress has well chosen her names, as, for example, Dr. Rapass, Dr. Traigenty and Madam Abandoned; these indicate sufficiently well the oddity of this amusing book, wherein the profession is massacred without feeling pain from the hand that gives the wound. Some of the types of doctors drawn are deliciously observed and accurately sketched. There, for instance, is Dr. Somuch Percent. We know dozens of this variety. He is our *confrère* who approaches every one he meets on the street, asks after one's health and includes the consultation in the bill for services that he was never asked to give. "Gyp's" satire, for the most part, is amiable persiflage. She shows the public, turn by turn, the grave, gay, political, fantastic and odd old-time doctor. Her portrait of the grave society physician is delicately drawn; this is the doctor who has the confidence of convent schools, and is always sympathetic with timid young widows; an even-tempered gentleman, kindly in manner, and more like a clergyman than a physician—a type weak women always trust with their confidence; this is the doctor, too, with the unctious voice and the long-fingered, soft white hand. He is always quiet but insinuating in his intimacy with his clients, and it is this that causes him to lose his business in the long run, unless he is discreet enough to hold his tongue. This is the type of doctor who calls on a female patient and the following conversation ensues:

"Doctor, I have a boil on the nape of my back."

"Ah! your corset must chafe you; better remove it."

"Well, I'll take it off."

"But you have an eruption on your skin, Madam, which appears to be

generalized. You have the diathesis, Madam. Did you ever dream before that you had a diathesis? Boils, Madam, are the stigmata of herpetism, of diabetes, and other disorders."

Before he is through this variety of doctor generally has his patient in the costume of *Eve de rigueur*, for he is provoking in his audacity. This type of physician sometimes falls a victim to his own imprudence. The profession, however, even of this type, is not as black as our authoress paints it.

There are other charges made against physicians—those who carry their diplomas into strange markets, operators in surgery who create operations where none are needed. We ourselves regret we have not the pen, or rather the stylet, of a Juvenal or Martial to eternally brand with our scorn the Shylocks who disgrace medicine. We, too, willingly denounce those who secure favored positions through ministerial influences and install their pretentious nullity in chairs they are not entitled to fill, while the choir of worthy young workers in the profession lament the flight of time and demand the reign of justice and equity in the medical future.

Strange that those who most deride physicians are those who usually have enjoyed good health, or are ungrateful for the benefits they have received. How few of these writers have ever made the *amende honorable* for their misdeeds!

There are those, however, who have loudly spoken in praise of the medical profession; let this console us. There are two names in France among the defenders of doctors against calumny which alone impose respect for our profession. The immortal Chateaubriand has dedicated one of his most eloquent pages to physicians. Let us cite but one short extract:

"Considered under all circumstances, physicians, as a class, cannot be respected too highly. It is among them that one meets true knowledge and true philosophy. In whatever place you may be thrown, you will not be alone if you can find a doctor. Physicians have worked prodigies for humanity. They are the only men, with the clergy, who

should never be sacrificed to science. What philosophers honored mankind than Hippocrates and Galen? Let us cease reviling the admirable science, which civilization's noblest and most generous monuments have praised in chants by Homer and Virgil. It claims all that is most precious in the memories of the past. The knowledge it imposes is immense; it gives birth to marvelous ideas of ourselves, and in order to know only ourselves, it is necessary to know nature. Hippocrates, by a happy expression, calls the body the temple of man; we might also compare it to a palace in which, after the death of the physician, the wandering of the solitary galleries, as one who has deserted temple now abandoned, is filled by the presence of a diathesis.

But one better read the *Vie de Platon*, where the immortal Plato breathes a hymn of praise to the science to which he owes his life. Read once, too, the *Œuvres* of that other great poet, the "Meditations," in that work with sincerity that bears witness to "Raphael," and then say that you are not proud of the praise the immortal has inspired in the soul of Lamartine.

"This doctor, or rather this man, Dr. Alain, was one of those who bore a benediction in his face, for he seemed to reflect Heaven on the poor to consult him. Suffering from heart disease, due to a mysterious pure passion for one of the most beautiful women in Paris; possessing a small fortune sufficient to maintain him in the sobriety of his life and his ties, a man of tender piety, tolerant in his opinions, he practiced his profession among his friends and the indigent. He was only from friendship of the action. This profession is when devoid of cupidity, it civilizes the human sensibilities, that, commencing as a passion, often ends as a virtue. Medical science, Alain was more than a passion was for relieving the soul only in soul but in body. The



health. He made splendid the serenity of immortality even unto death. I saw him die, some years after; he died the death of the good and the just. He died without leaving a dollar, in a garret upon a pallet of straw. The poor carried his body out; they gave him in their turn the sepulture of charity in common mother earth."

Charity and medical benevolence! It is a grand poet who speaks, one with a great heart and a noble spirit. There is only one shadow on this picture—Lamartine, in medical matters, was deplorably credulous. Thanks to his indulgence, sorcerers and bone-setters abounded in his chateaux. But who can blame him, after reading such a passage from his work! It fills one's soul with delicious emotions.

## THERAPEUTIC NOTES

FROM FRENCH, GERMAN AND ITALIAN JOURNALS.

TRANSLATED BY  
F. H. PRITCHARD, M.D.,  
NORWALK, O.

### TREATMENT OF ALCOHOLIC CIRRHOSIS OF THE LIVER.

Dr. Millard (*Wiener med. Presse*, No. 15, 1892) presented the fourth case of alcoholic cirrhosis of the liver which he has cured. The patient was a man, forty-six years of age, who had committed alcoholic excesses for years. In July of last year disturbances of the digestive tract set in, and three months later a cirrhosis of the liver could be diagnosed with certainty. The patient was placed at once upon a milk diet exclusively, and received also a diuretic, whereupon diuresis set in and the œdema disappeared. Since then he has been improving gradually, the subicteric color of the face and the swelling of the liver and spleen persisting longest. The patient has increased over four pounds in weight, digests very well and still continues to use

will persist for a long time, and perhaps forever, yet the disease will not return if the patient abstains from the use of alcoholic drink. Millard has cured three other cases, and in them the liver has remained enlarged, yet the patients have continued in good health. Indeed, he goes still further, and regards this as a guarantee that the cure is definite, for it appears that only those patients are to be cured who present a certain degree of hypertrophy of this organ, after the treatment has reduced the preliminary excessive hypertrophy of the same.

Doubtless the hypertrophy scarcely passed the first of the three stages into which Millard divides hepatic cirrhosis, i.e., the liver had hardly entered the stage of hypertrophy with ascites. When this stage is once passed the sclerotic tissue organizes and the ascites is reproduced, in spite of all therapeutic measures and diet. In the further course of the disease the spleen increases in size and the liver decreases in volume and becomes harder until the third and last stage sets in, which is incompatible with life. Rendu does not think this division of stages is applicable to all cases, for some begin with atrophy at once. Raymond mentioned a case where with abstinence from alcohol, and a milk diet which the patient still continues, the man has been in good health since 1878.

### CACTUS GRANDIFLORUS IN FUNCTIONAL HEART DISEASES.

Dr. Horne (*Le Bulletin médical*, No. 28, 1892) has used this drug during the entire year of 1891 with success in the treatment of functional heart diseases. The daily dose is from nine to eighteen drops of the fluid extract. This remedy calms the palpitations and regulates the pulse, yet it cannot replace digitalis in the treatment of organic heart diseases, with a tendency to œdema and circulatory disturbances. In short, it is insufficient in asystolia. The effects of the remedy are best and

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of creasote. The pain which this causes is very slight and soon disappears.

#### NAPHTHALIN IN THE TREATMENT OF WHOOPING-COUGH.

Dr. Chavernac (*Gazzetta degli Ospitali*, No. 91, 1892) claims marvelous results from the inhalation of the vapors of naphthalin in the treatment of whooping-cough.

#### A NOVEL CAUSE OF DEATH.

A peculiar case of death was brought to light at a coroner's inquest. A little eleven-year-old girl while playing in the street with a penny balloon, suddenly inspired, drawing the balloon into the upper air passages. Before medical aid arrived, she died from asphyxia, the autopsy revealing the balloon lodged in the throat.—*Courier of Medicine*.

#### LOCAL SOCIETY NOTICES.

##### ACADEMY OF MEDICINE.—

Monday evening, May 30, Dr. C. W. TANGEMAN will read a paper on "Injuries of the Eyeball."

DR. MAX KOEHLER will read a paper on the "Treatment of Hydrops in Heart Disease."

Election of delegates to the American Medical Association.

##### CINCINNATI MEDICAL SOCIETY.—

Tuesday evening, May 31: The report of the case of "Uterine Hemorrhage in a Patient of Advanced Age Due to Retained Pessary," also a "Remarkable Case of Morphine Tolerance," by DR. W. H. DEWITT, was postponed from last meeting until May 31, on account of the unavoidable absence of Dr. DeWitt.

#### PUBLISHER'S NOTICES.

SAMPLES of Sander & Sons' Eucalypti Extract (Eucalyptol), gratis, through Dr. Sander, Dillon, Iowa. Eucalyptol stands foremost as a disinfectant, is a perfect

# LANCET-CLINIC:

A Weekly Journal of  
MEDICINE AND SURGERY  
ISSUED EVERY SATURDAY.

#### EDITORS:

J. C. OLIVER, M.D.  
L. S. COLTER, M.D.

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Cincinnati, May 28, 1892.

## Editorial.

#### THE CINCINNATI HOSPITAL.

We have previously had occasion to say somewhat regarding the efficiency of the training-school connected with the Cincinnati Hospital, but feel that we ought, in view of the continued ravings of a cheap afternoon paper, clearly define the medical position of the hospital. This we feel to be a duty both to the medical profession and to the public at large, and we propose to give a clear and unbiased review of the situation.

The Cincinnati Hospital derives its revenues entirely from taxation, in other words it is a city institution and like all such becomes the legitimate target for criticism and abuse. For many years the Hospital Board was without the contaminating political aspect which most public institutions have; in fact, political considerations never entered into the deliberations of the Board of Trustees. A few years ago an attempt was made

of local politics, but the attempt is only partially successful, and it was of brief duration. The Mayor of the city and the senior member of the primary Board are *ex-officio* members of the Hospital Board. The other members are chosen by the Superior Court and the Governor.

We wish to say at the very outset that the Board of Trustees is composed of men of large experience and men who have been successful in the conduct of their own affairs, and who are therefore well qualified to successfully conduct the affairs of a large institution. These gentlemen serve without compensation.

The Medical Staff is composed of the leading men of our city. They are appointed by the Board of Trustees. No sense of them is necessary, for their reputations as physicians and gentlemen are sufficient to dispel any doubts of their ability and faithfulness. They also serve without compensation, and have, through their united efforts, succeeded in building up, in the hospital, one of the best medical libraries in the country. This library has never cost the taxpayers a cent.

The resident physicians are chosen after competitive examination, open to any medical student in the city. They are, therefore, young men of ability and high promise. We feel inclined, therefore, to say that the medical department is in excellent hands.

The "Training-School for Nurses" is an innovation, but it is in the line of progress, as evidenced by the almost universal adoption of this system. Its introduction necessitated the dropping of several of the old nurses, some of whom had devoted long years of work to the hospital. These nurses ranged in the way from very good to very bad.

We are quite reliably informed that a large part of the present agitation is the offspring of some of the old nurses. They felt that the school had usurped their position, and hoped by continued agitation to diminish the efficiency of the school, and thus pave the way for re-entry. This is natural, and with it we cannot find a serious fault. It is the result of human nature, and even nurses are not an exception. The fact very frequently overlooked is that the school has been a success.

We have had very good opportunities for becoming familiar with the workings of this school, and can say that the nursing under it is the best that has ever been given to the inmates of the hospital. The tendency of the training-school is admirably fitted for the position it occupies, and it is to her that the share of credit must be given for the success of the enterprise.

Another point to be borne in mind is that the appropriation for running the hospital is the same as that set aside twenty years ago. Modern medicine, especially surgery, necessitates an outlay of much larger sums than was required even a decade ago. We appreciate the economy that has been exercised when the above facts are taken into consideration.

Now, we do not wish to create the impression that the hospital is a failure. We know this is not so, but we want to point out the fact that it is the best managed of all public institutions in the city of Cincinnati. No breath of suspicion has ever been breathed against the honesty and integrity of its officials. Peculations and dishonest dealings have never been striven for in its portals. This, of itself, is a fact which far outweighs that of any other institution in our city. Therefore, we may safely conclude that the

Having thus absolved the Board, the Medical Staff and the training-school, from blame, we ask then: Is there any glaring defect in the institution to call for the repeated denunciations which emanate from this particular newspaper?

It must be remembered that, when we consider questions relating to an institution of this magnitude, we ought to consider it as we would a small village. It is a community composed of about five hundred persons, and the oversight and regulation of this number of persons calls for much tact, much wisdom and much experience. All sorts of abuses may creep in, and diligent, almost sleepless activity is required for their detection and up-rooting. One or more members of this community may, if so minded, keep up a constant turmoil, and create an endless deal of trouble. It is just here that we believe lies the trouble. One or more inmates have, for purposes of gain, made it a practice to furnish items for use in the secular press; a perversion of these facts has resulted in those harrowing stories for which the general public hungers. The articles contain a grain of truth, but by the time the vivid imagination of a reporter has worked sufficiently they become marvels of ingenuity. A half-truth is often harder to answer than the whole truth or a complete lie.

The main difficulty of the situation lies in the fact that no opportunity for reply is given, and thus but one side is presented to the public. They therefore judge only by the testimony for the prosecution. No defense is allowed, and only those who are in a position to know can judge of the situation.

person, and that the insinuations and malicious attacks are either the outcome of ignorance, or what is far worse, a deliberate perversion of knowledge.

Since writing the above we have learned of the appointment of Dr. Frank W. Hendley as Superintendent of the Cincinnati Hospital, and we desire to express our unqualified approval of the selection. Dr. Hendley is a man for whom everybody has the highest respect, both for ability and integrity. We have had the great pleasure of intimate association with the Doctor, and from personal knowledge can testify to his morality, uprightness, ability, good habits and executive ability; he is humane and kindly. We know of no man who more nearly deserves the title of "Nature's nobleman," and we confidently predict a wise management of the trust confided to his care.

Our best wishes go with the retiring Superintendent, and we trust he may be successful in his new ventures.

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#### THE COAGULATION OF THE BLOOD.

WE desire to reproduce the following editorial taken from the *British Medical Journal* of April 23rd, 1892. This is an exceedingly important and interesting subject, and we feel confident that many of our readers will welcome these observations of Pekelharing, and new interest will be added to this subject:

The conflicting views held with regard to the cause of the coagulation of the blood have for many years perplexed teachers and students alike. Dr. C. A. Pekelharing,<sup>(1)</sup> of Utrecht, has made a praiseworthy and not altogether un-

successful attempt at combining and harmonizing the various opposing theories that have up till now held the field. He has attempted this herculean task as a result of certain experiments of his own, and from a consideration of those of others. The series of observations which have been carried on simultaneously for the last two years or so in this country, in France, and in Germany, all relating to the influence of calcium salts in the process of clotting, will furnish us in all probability with the key to the problem.

It is now many years ago since Rüdke showed that the ash of fibrin always contains calcium; and in one of his earlier papers (1875) Hammarsten found that calcium chloride can take the place of paraglobulin in the formation of fibrin from fibrinogen. The subject, however, was not definitely taken up until Green<sup>(1)</sup> in 1887 discovered that in various forms of blood plasma coagulation is hastened if a minute trace of calcium sulphate be added to it as well as fibrin ferment. Later, Ringer and Sainsbury<sup>(2)</sup> showed that the same result can be brought about by the chloride and other calcium salts, and also, but less readily, by means of strontium and barium salts. Freund,<sup>(3)</sup> who also noted the hastening of coagulation by calcium salts, formulated a theory to explain the phenomena. He considered that the blood corpuscles, as soon as the blood is shed, yield alkaline phosphates to the plasma; meeting with the calcium salts already in the plasma, tricalcium phosphate is precipitated, and herein lies the cause of fibrin formation. Latschenberger<sup>(4)</sup> and von Stranch<sup>(5)</sup> showed the fallacies of this hypothesis; the addition of alkaline phosphates and calcium salts, resulting in the precipitation of tricalcium phosphate, does not always lead to the formation of fibrin in proteinogenous liquid. Latschenberger moved from a liquid which coagulated only the first portion of fibrin which

formed; he found that though it contained calcium, there was no phosphate to be got from it; and Freund asserts that injections of disodium phosphate into the circulation of an animal is not followed by the same result as it would be if Freund's suggestions are correct.

A far better explanation of the facts was advanced by Arthús and others. These observers found that the precipitation of the blood may be prevented if immediately on being shed it is mixed with substances like sodium or fluorides, which precipitate the calcium salts in the form of insoluble compounds. Thus the addition of 0.1 per cent. of potassium oxalate to blood renders it no longer spontaneously coagulable. On adding to this blood obtained from this blood by centrifuging the corpuscles to settle, a slight amount of a calcium salt, coagulation immediately occurs. Salts alone, without a ferment, will not cause fibrin to be formed; come fibrin; fibrin ferment is necessary, so also is a calcium salt. The action of the ferment is apparently in bringing together fibrinogen and calcium compound. In other words, there is a calcium compound of fibrin. They very reasonably compared the coagulation of blood to the coagulation of milk by rennet, at which stage the same have also worked.<sup>(2)</sup> In blood there is the conversion of a protein into a more insoluble variety of protein by the means of a ferment; calcium salts also in both cases necessary for the formation of a clot.

Green, in the work to which reference has already been made, addressed himself to the question, Does a ferment exist as zymogen in blood, and is such zymogen converted into a ferment by the action of the blood salt? Green was not able to give a positive answer to this question; he therefore provisionally concluded that a negative answer is the correct one, and he did not attempt any experiment of the way in which an inorganic compound, hydrochloric acid, and

1 *Journ. of Physiol.*, vol. viii.

2 *Ibid.*, xi.

3 *Med. Jahrb.*, 1888, p. 259.

4 *Ibid.*, p. 479.

5 Diss. Inaug., Dorpat, 1889.

1 *Arch. de Physiol.*, 1890, No. 1.

2 *Ibid.*, July 1, 1890.

The question of the zymogen has not, however, been allowed to rest; Peckelharing has taken it up, and from magnesium sulphate plasma and also from oxalate plasma—neither of which contains fibrin ferment—has precipitated a globulin which has no fibrinoplastic properties, but which, after contact with a calcium salt, is converted into fibrin ferment. The zymogen, moreover, yields an ash containing little or no calcium, while the ferment is rich in calcium. Both appear to be globulins, and originate from the formed elements of the blood—in fact, the substance is identical with what was previously described as cell globulin.

Admitting this hypothesis, he seeks to explain difficulties and difficulties in the following manner: The action of oxalates in hindering blood coagulation is simply explained on the supposition that the precipitate of calcium oxalate, on account of its insolubility, is not available for the conversion of zymogen into ferment. The action of neutral salts in hindering the coagulation of the blood is to be explained on the supposition that the ferment is a globulin, and though the amount of salt added to the blood is not sufficient to precipitate this globulin, it is sufficient to lessen the intramolecular movements, which in the end produce its specific action.

The action of "peptone" in hindering coagulation is to be explained on the hypothesis that peptone has a great affinity for calcium compounds, and therefore prevents these from converting the zymogen into the ferment. This view is supported by the fact that other substances, like soaps, which also have a great affinity for calcium, and form insoluble compounds with it, produce symptoms closely allied to peptone poisoning (Munk). The toxic action of both substances is apparently due to their removing from the tissues the calcium salts so essential for the healthy continuation of nearly all vital processes. Thus there is a loss of coagulability of the blood, a fall of blood pressure, stoppage of secretions, and, if the dose is large enough, death ensues.

human amount of fibrin ferment is injected as well as the peptone. The blood pressure rises, and the blood becomes once more coagulable; and thus an exceedingly strong proof of the correctness of Pekelharing's views is obtained. He also found that peptone will prevent the coagulation of extravascular blood, provided it is added before the zymogen has had time to be converted into the ferment; and he obtained confirmatory results with solutions of pure fibrinogen in Hammarsten's sense of the word.

The last problem which Pekelharing tackles and seeks to explain by the calcium theory is the cause of the intravascular clotting that follows on the injection of a solution of Wooldridge's "tissue-fibrinogens" into the circulation of a living animal. These substances consist of a mixture of nuclein, lecithin, and proteids, and among the latter is the zymogen of fibrin ferment, for after treatment with calcium chloride these substances act like fibrin ferment.

Pekelharing considers that when the "tissue-fibrinogen" is intravenously injected the calcium salts of the plasma act on the zymogen, convert it into fibrin ferment, and thus the process of thrombosis is set going. This appears to us to be the most unsatisfactory part of Pekelharing's suggestions; for if this be true, the "tissue-fibrinogens" ought to act equally well on extravascular plasma. Dr. Wooldridge's method of producing thrombosis is one of the most remarkable of the facts he discovered, and it does not appear that we have yet discovered its true explanation.

No doubt it may also be shown in the future that other of Pekelharing's hypotheses will require a certain amount of correction; but, so far as present knowledge goes, it is the best theory we have, as it reconciles many apparently conflicting facts and clears up many of the difficulties which surround this many-sided subject.

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SUBSCRIPTIONS to LANCET-CLINIC may commence at any date.

EDITORIAL NOTES.

WE have received an invitation to the attending of Dr. M. W. O'Brien and Elizabeth Virginia Evans, all of Virginia, Va. Our best wishes are extended to the contracting.

THE annual meeting of the American Medical Association will be held at St. Louis, June 8, 9 and 10. A large delegation will go from Cincinnati, Ohio. The local physicians have been loyal to the Association and each year send numerous delegates.

It becomes our sad duty to announce to our readers that Dr. W. W. Dawson is now prostrated with the illness of which we spoke in a former issue. We trust that the Doctor has a host of sympathizers among our subscribers who are anxious to know of his condition. We trust to keep them posted.

DR. J. C. MACKENZIE is seriously ill, and we are informed that his condition is more promising at this writing than it has been. The Doctor's friends, and among them is a friend of Dr. Mackenzie's, wish him a speedy recovery. His supporters join most heartily in the wishes for the Doctor's early convalescence.

THE Mississippi Valley Medical Association delegates to the American Medical Association will make their headquarters at the Russell House while in St. Louis. Members wishing to delegate will please address the secretary, Dr. S. McKee, 57 W. Seventh St., Cincinnati. The meeting at Cincinnati, June 12, 13 and 14, 1892, promises to be a very successful one. Gentlemen

not members can register for the meeting and receive delegates to the American Medical Association.

WE trust the members of the American Medical Association will take the subject of the creation of a Department of Health, and will themselves vigorously upon it. There can be nothing more important than this brought up for consideration and we trust it will receive the attention it deserves.

MILK: IS ITS STERILIZATION NECESSARY?

Dr. Freudenreich, after his experiments on the action of heat on bacteria, has come to the conclusion that it possesses remarkable properties. He claims that the incubation of cholera in fresh cow's milk takes place in twenty-four hours; the bacillus of typhoid fever in twenty-four hours, while others die at the end of varying periods. He further found that milk exposed to a temperature of 131° F. loses its germicidal property, as also milk which is five days old.

These experiments will suggest to physicians to thinking very seriously of the advisability of sterilizing milk for infants' food, or for food of adults. We were just congratulating ourselves on the fact that a means of preventing the introduction of disease into the body through milk, had been discovered in sterilization. According to Freudenreich, one might conclude, at first thought, that we were disappointed in our expectations and confident that raw milk is, after all, proper for human consumption. — *Bacteriological World*.

ALLINGHAM'S OINTMENT FOR HÆMORRHOIDS

℞ Bismuth. subnit. . . . .  
Hydrarg. chlor. mit. . . . .  
Morphine . . . . .  
Glycerini . . . . .  
Vasellini . . . . .

M. Sig. Use in pile-pipe.



TARTADO TEORICO-PRACTICO DE EN-  
FERMADADES DE LA GARGANTA.

Por DR. FEDERIGO GOMEZ DE LA MATA.  
Three fascicles, illustrated with figures in the  
text. Madrid, Spain. G. Juste, publisher.

These three fascicles are but parts of a work which the writer is intending to issue on diseases of the larynx, pharynx and nasal cavity. He did not intend to write a work on laryngeal pathology, but to present all that is new, at present, in this department of medicine, at the same time describing and studying the most common diseases which are met with in practice. This the learned writer is well able to do, as he is an active and well-known worker in his country in laryngology and therapeutics, being the editor of the journal, *Los Nervos Remedios*.

No especial order of classification has been followed, the separate chapters having more the character of monographs on the disease of which they treat. The work is written in a practical manner, the illustrations are good, and the subjects treated in a way which brings them up to the latest advances in this branch of medicine. The author apparently has a very extensive knowledge of the literature of the subject. American literature is often referred to.

The writer is also the author of several works on therapeutics. It is to be hoped that he will continue his work until it reaches the size which he originally intended.

F. H. P.

FUNDAMENTOS DE PATOGENIA.

Por el PROF. D. FÉLIX CERRADA Y MARTIN. Saragossa, Spain. 164 pp.

The writer, the Professor of General Pathology in the University of Saragossa, Spain, has written a magnificent monograph, in which he considers the different processes which form the basis

The first chapter is devoted to the review of the different systems of pathogeny, from that of Hippocrates down to to-day. The second occupies itself with the pathological change itself. This, in general, may be defined as an alteration of the organic conditions necessary for the realization of the functions of human life, and this alteration is either an increase or diminution of organic activity. The third is devoted to the study of the pathogenic phenomena in distinct organic classes, considered individually—cell, tissue, organ, apparatus, etc. The majority of these fall within the camp of nutritive activity, and are of a purely chemical nature. "Chemical changes are, without doubt, the true basis of nutrition." The fourth chapter is consecrated to pathogenic phenomena resulting from the relation of distinct organic factors; reciprocal pathological changes; local and general, localized and generalized diseases.

The opuscle is certainly the work of a master hand.

F. H. P.

DISPLACED GALL-BLADDER.

Dr. W. W. Keen (*Boston Med. and Surg. Journal*) speaks of meeting with two cases in which the gall-bladder was not found in its ordinary situation. In one of these cases it was found lying transversely across the front of the spine behind the pancreas. In this case, the operation being done for the removal of gall-stones, it was necessary to go through the pancreas to reach the stones. In the other case the gall-bladder lay similarly across the spine, but not behind the pancreas.

To DISSOLVE COCAINE. — Squibb recommends the use of  $\frac{1}{4}$  to 1 per cent. solution of boric acid to dissolve cocaine, this amount being needed to prevent decomposition.

"HAY FEVER," said the Moderator at the Influenza Convention. "may be

## Selections.

### FROM CURRENT MEDICAL LITERATURE.

#### THE PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL OF BALTIMORE.

Dr. Chisolm makes an epitomized report, in the February number of the *American Journal of Ophthalmology*, of the work done during the year 1891 at the Presbyterian Eye, Ear and Throat Charity Hospital of Baltimore City. There were 10,003 cases treated, of which 7,364 were eye patients, 1,458 ear, and 1,181 throat patients.

Among many interesting things which he mentions, we note that there were 48 cases of purulent ophthalmia of the newly born, of which number none suffered disastrous consequences if the cornea was intact at the time the case was first brought for treatment. The treatment consisted in the daily instillation of a drop of a 1 per cent. solution of nitrate of silver and the persistent use at home of a borax solution (grains  $\frac{1}{2}$ —fl. 3j), the eyes being kept clean by the hourly use of the drops.

There were 132 cataract extractions, 38 without iridectomy and 44 with iridectomy. All instruments are placed in a bath of boiling water, both before and after using them. As a consequence not a single case of sloughing of the cornea occurred.

Chloroform is used in all tedious operations, but bromide of ethyl has been used for years for all painful operations of short duration. A drachm in an air-tight cone held over the mouth and nose of a patient will ensure complete anæsthesia in less than one minute. No one can resist its narcotic influence. It has been administered at the hospital thousands of times in the past ten years with satisfaction. It is a powerful remedy and to be used with caution. With the watchful care that is practiced in the administration it has been found always efficient and safe. A cone is made for its administration from a towel, between two layers of which

is placed a thick piece of paper to render it air-tight. The hollow cone makes a sufficiently comfortable chamber. The base of the cone, a towel, can adapt itself as a support to the joint upon the face. It is used to make the atmosphere breathed etherized air, then oxygen, and comes after a few inhalations of air be admitted from without, when the narcotism takes place.

#### ANTIPYRIN IN OPHTHALMIC PRACTICE.

Dr. Alt (*American Journal of Ophthalmology*) has translated a paper in the medical section of the Transactions of the Friends of the Science of Medicine, November 7, 1890, on the subject of "The Value of Antipyrin in Ophthalmic Thermo-Therapeutics."

The author of the article, Dr. Alt, attributes originality in the mention of antipyrin to his attention is arrested by the experience with it, used locally as an antiseptic, in various diseases of the eye. Solutions of 1 to 20 per cent. are employed. There is a slight irritation when combined with mercuric boracic acid it is such that the combination is useless. His conclusions are based upon more than 100 cases, and are such as to make it a matter a subject for further investigation.

He does not attribute any astringent quality, but has seen cases of acute, as well as chronic conjunctivitis are improved by the discharge in these cases soon after its application, but in its condition itself is only influenced by other remedies.

In granular conjunctivitis granules have been squeezed out of the pyrene, in a 25 per cent. solution, two or three times a day, during the discharge, so that other agents to the conjunctiva have given place. Acute granular conjunctivitis does better under the use of antipyrine, alone or in combination with silver, alone or in combination with antipyrine as an antiseptic.

Cases of pannus impro-

conjunctivitis following influenza were found to be improved by its use. The author offers a theory in explanation of the benefit in the latter, viz., its especial influence on the micro-organisms of influenza.

In blennorrhœa of the lachrymal sac, relating but a few cases, he claims good results, as a method of treatment, after the primary affection had been treated.

An ointment containing 10 per cent. of atipyrine was of service in scleritis and episcleritis.

A case of vernal conjunctivitis, which had not been relieved by other remedies, improved markedly under instillations of atipyrine.

Claims are also made for its beneficial action in glaucoma. A few drops of a 25 per cent. solution were employed twice a day. Although a number of cases were apparently treated with satisfaction, we infer from the author's statements that he does not rely on this means in preference to a surgical procedure, but has followed this plan where an operation has been refused.

The solution must be instilled into the eye when fresh, or after having been sterilized by boiling.

"Even a 2 per cent. solution causes a burning sensation, which is increased with the strength of the solution, and may become very painful. This disagreeable sensation, however, lasts but a short time, to give place to a rather agreeable feeling. For a short time the visual acuity seems to be increased, as I found in my own case, after the instillation of a 5 per cent. solution. Pupil and accommodation are in no way influenced, neither the normal sensitiveness of conjunctiva or cornea. Strong solutions (50 per cent.) cause a severe, continuous pain, probably by destruction of the epithelium and irritation of the nerve ends."

In summing up his theory as to the action of this remedy, he says: "It removes the cause of the disease by killing certain microbes; second, by contracting the blood-vessels it produces

causes a sudden reflex spasm of the lids, which gradually disappears, and thus acts beneficially upon the condition of the conjunctiva, subconjunctival tissue and cornea, in the way of massage; fourth, it reduces the increased sensibility, and somewhat alleviates pain."

#### EYE STRAIN AND DISEASE.

We find in the March number of the *American Journal of Ophthalmology* a selection from the *Medical News*, of December 12, the title of the article referred to being "A Great Medical Discovery Ignored." The theme under consideration we find to be "Eye Strain and Disease," a subject some may claim to be entirely lacking in interest, on account of the fact possibly, that the novelty of the subject has somewhat worn off, and this is the day when men are expecting "to hear some new thing." However, we read that "there are few medical truths that have been discovered fraught with more possible and incalculable good to humanity than one that is ignored by the great body of the medical profession."

Omitting further synopsis of the body of the article we find the author's conclusion in these words: "The practical lesson of it all is (so subtle are these beginnings and causes of evil) that every child, well or not well, should have its eyes examined to see if possible or unsuspected abnormality of the refraction exists. Especially is the possibility of an ocular origin to be suspected in all cases of mal-assimilation not clearly traceable to other causes, in all cases of headache, neuralgia, chorea, nightmare, insomnia, etc.

#### TUBERCULAR INFECTION OF THE FETUS IN UTERO.

Birch-Hirschfield and Schmall (*Beiträge zur Path. Anat. und zur Allg. Path.*) report the following case:

A young woman developed acute tuberculosis and died during pregnancy. Movements of the child having been

after the mother's death, it was immediately removed by Cæsarean section, but was found to be dead. Examination of the viscera of the child showed no tubercles, but tubercular nodules were found in the umbilical cord in the blood of the umbilical vein. Lesions of the liver, spleen, and kidneys produced into the peritoneal cavities of guinea-pigs and rabbits were followed by tuberculosis in all the animals. The mother was in the seventh month of pregnancy at the time of her death.

#### RESECTION OF THE LIVER.

Dr. W. W. Keen (*Boston Med. and Surg. Journal*) reports the successful removal of a rare form of cystic adenoma from the liver. The diagnosis before operation was a probably floating diseased kidney. The growth was removed by thermo-cautery and enucleation. The patient went home entirely well in six weeks. The report is accompanied by a table of twenty reported cases of removal of tumors of the liver, but three of which recovered. It is to be noticed that almost invariably the cases had been diagnosticated incorrectly by some eminent physician or surgeon, and in a number of them the correct diagnosis was only made by means of the operation.

#### METHOD OF ACCELERATING DESQUAMATION IN SCARLET FEVER.

Dr. Jamieson (*The Lancet*, September 12, 1891) says: Whatever influence the early symptoms may exert in communicating scarlet fever, it is universally admitted that the main danger of imparting the disease to others depends on the diffusion of the desquamating flakes which separate from the surface of the body during convalescence. Mild measures of disinfection repeated at frequent intervals throughout, are much more certain and satisfactory than stronger ones employed early toward the close of the process of skinning, or just before permitting the patient to turn to free intercourse and association with all.

Carbolic acid in proportion of one per cent. in ointment or cream is the most reliable agent. However, it should be combined with solution with soap and warm water to remove as rapidly and completely as possible the dry epidermic scales. When they become loose, the scales, after being rubbed on the surface, are dried.

Such measures alone remain necessary when that can be carried out, even without isolation, which cannot be carried out, they reduce to a minimum the risk of infecting others. Various methods of acceleration of desquamation itself were tried and found unsatisfactory; but even when resorcin was discovered.

The action of resorcin on the outer layers of the epidermis is rapid without injury to the underlying tissue. It is well known, and has been used of in the treatment of ichthyosis and acne. Rubbed on as an ointment it does not produce the desired result. A resorcin soap was used with indications, and in time succeeded in obtaining a satisfactory result. This was accomplished by using a soap chemically acting on salicylic acid.

When this soap is used in the treatment of scarlet fever, warm water is always employed from the commencement to the close of desquamation. A diminution of the period of desquamation is observed. From the commencement of a large number of cases the conclusion has been reached that the average day on which desquamation is first visible is the average period from the commencement of the disease till the end of the disease was 55.5 days, no treatment being employed.

In cases treated by this method the average duration of the disease was 55.5 days.

In using the soap the necessary to protect the hands by India-rubber gloves, or to be careful in washing the hands so that their palms became tender. The peeling of the epidermis. On a patient must be isolated.

By washing with the resorcin salicylic soap, and smearing on some flank oil, he may be permitted to associate with his friends at the end of six weeks.

### ALCOHOLISM AND TUBERCULOSIS.

Hector W. G. Mackenzie (*British Med. Journal*, February 27, 1892), has analyzed the histories and post-mortem records of seventy-five cases of tuberculosis dying in St. Thomas' Hospital, in which there was a strong history of alcoholism. In only ten of these was there a family history of phthisis; in forty-six the liver was cirrhotic. In four cases tubercle affected the peritoneum alone, in one case the pleura alone and in three cases affected the peritoneum and pleura alone. In the remaining sixty-seven cases the lungs were affected, cavities being present in forty-seven. In twenty-nine there was broncho-pneumonic consolidation, in twelve increase of connective tissue, in forty-three gray tubercle, in nineteen caseous tubercle. Both varieties of tubercle were present in eleven cases. There was tubercular ulceration of intestines in twenty-one, of larynx in thirteen, tubercle of pleura in five, of the peritoneum in twelve, of meninges in five, of kidneys in eight, and of spleen in four cases. As would be expected, the middle age furnished most cases.

His conclusions are that the commonest type of alcoholic phthisis is that of excavation with broncho-pneumonic consolidation, with usually a considerable deposit of gray tubercle; that the rarer form is that of fibroid change; that a considerable proportion of phthisical cases have an alcoholic history; that the pulmonary lesion is generally more extensive than physical examination would suggest; that the progress of the disease in alcoholic cases is rapid; and that microscopic examination of the sputum in alcoholic cases exhibiting pulmonary symptoms is imperatively necessary.—*The Climatologist*.

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## Miscellany.

### HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending May 20, 1892:

WARD.	Measles.		Scarlet Fever.		Whooping Cough.		Diphtheria.		Croup.		Typhoid Fever.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....	4	1	1				1					
2.....	2											
3.....	1		1									
4.....	2		1				3					
5.....			1				1					
6.....								1				
7.....			1									
8.....												
9.....							1					
10.....							2	1				
11.....							1					
12.....												
13.....											1	
14.....			1								1	
15.....											3	
16.....	1						3					
17.....	1		1		1	1						
18.....	1		1				1					
19.....			1				1	1				
20.....	1		1									
21.....												
22.....	1						2					
23.....	7		1		1	1						
24.....											2	
25.....			1									
26.....			4									
27.....			3		2							
28.....												
29.....												
30.....	2				4		4					
Public Institutions.....												
Totals.....	23	20	3	5	2	20	4				7	
Last week.....	34	17	2	3		20	3					

Mortality Report for the week ending May 20, 1892:

Diphtheria.....	4
Enterocolitis.....	2
Erysipelas.....	2
Scarlatina.....	3
Whooping Cough.....	2
Other Zymotic Diseases.....	2-15
Cancer.....	3
Phthisis Pulmonalis.....	14

Other Constitutional Diseases.....	6-23
Bright's Disease.....	1
Bronchitis.....	4
Gastritis-Enteritis.....	3
Heart Disease.....	6
Liver Disease.....	1
Meningitis.....	2
Nephritis.....	1
Pneumonia.....	8
Other Local Diseases.....	16-42
Deaths from Developmental Diseases.....	9
Deaths from Violence.....	3
Deaths from all causes.....	92
Annual rate per 1,000.....	15.94
Deaths under 1 year.....	24
Deaths between 1 and 5 years.....	11-35
Deaths during preceding week.....	98
Deaths for corresponding week of 1891.....	129
Deaths for corresponding week of 1890.....	109
Deaths for corresponding week of 1889.....	104

J. W. PRENDERGAST, M.D.,  
Health Officer.

### OHIO HEALTH BULLETIN.

Infectious Diseases reported to the Ohio State Board of Health in 37 cities and towns during the week ending May 20, 1892.

<i>Diphtheria:</i>	Cases.	Deaths.	<i>Scarlet Fever:</i>	Cases.	Deaths.
Manchester.....	6	2	Arcanum.....	1	1
Chillicothe.....	1	..	Chillicothe.....	5	..
Cincinnati.....	20	4	Cincinnati.....	20	3
Clifton.....	1	..	Cleveland.....	14	1
Cleveland.....	10	..	Columbus.....	5	1
Columbus.....	4	1	Findlay.....	1	..
Limwood.....	4	2	Fostoria.....	1	..
Findlay.....	1	..	Gallipolis.....	2	1
Geneva.....	2	..	Ironton.....	2	..
Mansfield.....	1	..	Mansfield.....	3	..
Portsmouth.....	1	2	Mt. Vernon.....	3	..
Springfield.....	3	..	New Straitsville.....	2	..
Toledo.....	2	1	Portsmouth.....	2	..
roy.....	1	..	Salem.....	2	..
Youngstown.....	1	1	Springfield.....	8	1
<i>Typhoid Fever:</i>			Toledo.....	5	..
Cincinnati.....	7	..	Woodsfield.....	3	..
Cleveland.....	5	1	Wooster.....	2	..
Langing Rock.....	1	..	Youngstown.....	7	..
Toledo.....	2	1	<i>Measles:</i>		
<i>Whooping-Cough:</i>			Cincinnati.....	23	..
Cincinnati.....	5	2	Cleveland.....	1	..
Cleveland.....	5	1	Clifton.....	1	..
Columbus.....	1	1	Fostoria.....	20	..
Fostoria.....	1	..	Geneva.....	3	..
roy.....	1	..	Olmsted.....	1	..
			Springfield.....	5	..
			Youngstown.....	12	..

German Measles epidemic at Ravenna.

No infectious diseases reported to health officers in 10 towns.

C. O. PROBST, M.D., Secretary.

### THE DEGRADATION SECULAR PRESS

Humanity presents many instances of bartered honor, basing effect upon the finer sentiments of men from coming under vicious influences, best exemplified by the degradation of our newspaper.

The wretch who now bows the destroyer of virtue, from his face in shame after seduction; there came a time when his manhood became and disfigured, as that he sensation of shame, and blue an impossibility.

Excepting in rare cases, the management of city newspapers investment in the stocks of the From the start, the editor is capital. Personal opinions, politics, religion, and morality, any, are laid aside and he views to the slush standard or no grade in everything he his employers may dictate men of a flexible turn of mind keep such a man between and their capital. The poor called man, of some men, is in dollars and cents.

It is asking too much of nature to expect that a man in a life business, and so under subjection to his sense long retain in his memory the of manhood. This is the newspaper—the "we," whose of morality, whose (?) ideas whose (?) ideas of decency, ideas of anything else are, alleges, to mould public opinion. Lord pity public opinion wastes from such a source.

The principle, upon which paper enterprises rest is that a tool between self-reputed wealth and a dirty job. They own the newspaper's capital capital owns the editor. newspapers of Ohio, with a few able exceptions, enjoy the same being just as obscene and can be and pass through the

would indeed be a rank, stinking thing which could not appear as an advertisement in any of our city papers. The viler the sheet the louder its "we" sounds its virtues.

Not long since a Cincinnati newspaper which is antagonistic to principles which one of our papers ostensibly advocates, printed upon its first page, in display type, some of the advertisements taken from the columns of its virtue-assuming opponent. To say that the page was filthy only half describes it. Our city "we" made no reply. Moulder of public opinion! Providence is making "the wrath of men to praise him," by permitting the secular press to become so filthy, as really to incite men to a better life from the abhorrence to sin which they create by their beastly wallowing in the mire. Unless such a calamity befalls this nation, which may God forbid, as that a man devoid of all decency becomes Postmaster-General, the limit of vulgarity in newspaper advertisements has been reached.

A pure home and the daily newspaper are as far apart now in teaching and principle as are heaven and hades, and some time an insulted people will resent the scandalous insinuation that they approve of such vileness, and refuse the opinions of "we" (?) admittance to their homes.—*Toledo Med. and Surg. Reporter.*

#### MEDICAL NIHILISM IN OHIO.

A medical practice bill, described as "a moderate one," that has been formulated under the combined advice of the physicians, the homœopaths and the eclectics, of Ohio, was lately defeated in the Ohio Legislature, the whole matter being treated as a "screaming farce" by these worthy examples of American nineteenth century politics. In Europe, and, as we have seen, in Chicago, it has been shown that a half dozen half insane cranks can endanger the whole structure of civilized society and bring social life to the point of barbarism. In Ohio, then, we have an example of the same fact in a medical way. Following the example of the

Cincinnati LANCET-CLINIC, let us name these Nihilistic crank legislators of Ohio: Price, of Hocking county; Doty, of Cleveland; James, of Wood county; Ely, of Fulton county; Baird, of Ashland. Of course, the newspapers were generally on the side of "Physio-medicals," the patent medicine men, the drug stores, and a horde of nondescript quacks, who combined to laugh down the bill through their representatives here named. Let us specialize as guilty of this infamy, besides the hounds' chorus of the county newspapers, the Cincinnati *Commercial-Gazette*, the Columbus *State Journal*, and the Toledo *Blade*. These should be well remembered. On the other hand, the Cincinnati *Enquirer*, the Cleveland *Leader*, and the Cincinnati *Times-Star* are mentioned as in favor of the bill.

What a revelation of ignominy and ignorance this fact discloses! The only consolation that can be gotten out of it is that lower depth can hardly be reached, and we may hope that the inevitable progress upward may at last be begun.

And this consolation also, the folly of compromise, and the shame of it!

After the disgrace of combining with the homœopathic and eclectic quacks in the desperate game, and then to be beaten!

The only compromise with certainty of immediate success is that single one still left—to clasp hands with *all* the patent medicine syndicates, and the humbugs and deviltries that sail under our benign-malign laws, and as a body of physicians without a spark of honor, suicide in the open legislative market. Better to have been defeated with honor than thus besmirched with the shame of an ignoble and useless compromise.—*Medical News.*

[Our esteemed contemporary is misinformed, we are sorry to say, as to the side which the Cleveland *Leader* took on this question. Although advocating the right of many of the important topics which come up for discussion, that journal has never yet been able to rise above the influence of those who *advertise* in its columns. The intelligence it displays in other matters makes

mercenary spirit that decides it on this point. In fact, the *Leader* was brazen enough to confess that it stood up on the side of the quacks because they paid for advertisements.—*Cleveland Medical Gazette.*]

#### MORPHINE PARTIES IN PARIS.

The Paris correspondent of the *Tribune* in a recent letter wrote that he had just come from a lecture on morphine mania by Dr. Durand-Fardel. The lecturer spoke of this kind of intoxication as having stolen first on the wealthy, and now as spreading so fast to the less rich classes as to threaten to bring France to the level of China and Turkey. He showed a hypodermic syringe which was really an article of jewelry. One end was a pencil to note down dance engagements on ivory

to a ring, jewelled also, which was to be worn on the finger of the person intending to use the instrument. He found in many instances that the initiation began at social meetings where a select company gathered to make experiments and to relate sensations.—*N. Y. Medical Record.*

#### KEELEY SUED.

Another instance of the potency (?) of the Keeley cure is noted. "A cured patient at Keeley's Dwight institute has sued our latest great hypnotizer for \$150 paid on a guaranteed cure for drunkenness. The 'cure' was not permanent."—*Med. Standard.*

TAKESANIP: "Is the Keely cure a good thing?"

Col. Soaker: "Indeed it is; I have been cured three times."

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{ WHOLE VOLUME  
LXVII.

## CONTENTS.

### ORIGINAL ARTICLES.

LARYNGISMUS, A COMPLICATION OF RACHITIS. By Jessie Bogle, M.D., Cincinnati. 745

SOME POINTS IN THE SYMPTOMATOLOGY OF GENERAL Paralysis of the Insane. By Philip Zenner, A.M., M.D., Cincinnati. 749

DERMOID CYST. By A. W. Johnstone, M.D., Cincinnati. 752

### TRANSLATIONS.

THERAPEUTIC NOTES. By F. H. Pritchard, M.D. 748

Sulfonal in the Treatment of Epilepsy. 748

Treatment of Syphilis.—Treatment of Chronic Crural Ulcers and Eczema by Unna's Zinc and Gelatine Dressing. 757

Copaiva in Ascites Due to Cirrhosis of the Liver. 757

Belladonna in Gall-Stone Colic. 758

PARISIAN MEDICAL CHIT-CHAT. By T. C. M.

Louis XIV and the Republic—Other Times Other Morals—Some Medical Decisions of Ecumenical Councils A Simple Case of Headache Treated by Different Specialists. 75

### EDITORIAL.

THE MORTON LECTURE ON CANCER AND CANCEROUS Diseases. 75

### SOCIETY REPORTS.

ACADEMY OF MEDICINE.

Meeting of May 2, 1892.

Discussion on Dermoid Cysts. 75

Contents continued on Advg. p. 4.

See Advertisement "VIN MARIANI" on Insert page xii.

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*Whole Volume LXVII.*

**Original Articles.**

**LARYNGISMUS, A COMPLICATION OF RACHITIS.**

A Paper read before the Academy of Medicine,  
May 2, 1892,

BY

JESSIE BOGLE, M.D.,

CINCINNATI.

The term laryngismus is applied to a peculiar form of spasm of the muscles closing the glottis and of the other respiratory muscles, giving rise to a stridulous sound, and independent of any lesion in the organ itself, being produced reflexly, the source of irritation being at some distant point. It is referred to by nearly all writers on diseases of children, is a disease peculiar to infancy as far as known, and is, as a rule, confined to the period of the first dentition. It is classed among the convulsive disorders. McBride, a recent writer, calls it a neurosis of sensation, commonly occurring in infants under two years of age, usually ill-nourished and rickety.

This very peculiar trouble was known to the ancients, but was not so well defined or understood as later. Over two thousand years ago an affection, now supposed to have been this, was described by those writing at the time. The merit of having first succeeded in fixing the attention of the profession on this malady has been awarded to Dr. John Clark, although it was referred to long before his time.

All seem to have agreed as to the leading pathognomonic signs of the disorder, but until the beginning of the present century it was described under a great variety of appellations: as

asthma, especially associated with struma; suffocative catarrh, croup, a spasmodic constriction, a particular species of convulsion, acute spasmodic convulsion, spasm of the glottis, etc.

Hippocrates enumerates it among the diseases of children advanced somewhat beyond the time of life when the first teeth begin to appear, and it is said by Galen to extend from the first appearance of these teeth to the age of twelve or thirteen years. Both Hippocrates and Galen speak of asthma without cough, and are supposed to have meant this.

A case is described by Felix Plater, in the seventeenth century, of a previously healthy child of five months who suddenly died without warning, with symptoms resembling this trouble, and at the autopsy nothing was found which could have caused it, except an enlarged gland in the neck, near the larynx.

Near the close of the seventeenth century Etmüller mentions this as one of the ailments connected with dentition, and not associated with cough. He attributes it to an acid, or overloaded condition of the stomach, and recommends artificial vomiting. He calls it suffocative catarrh, and says it is apt to be followed by convulsions. He believes it to be essentially an affection of the larynx.

Hoffman alludes to it among the diseases resulting from inflammation of the gums in painful dentition as "tussis convulsiva."

In the eighteenth century Dr. James Simpson published an inaugural address, "Concerning the Spasmodic Asthma of Infants," in which he describes a malady occurring at the commencement of teething, and liable to recur at all periods until the completion of that process,

without cough. About this same time Lientand wrote about suffocative catarrh, and described two kinds, one arising from a spasmodic constriction of the glottis, and another due to a clogged state of the bronchi. In the first, he describes the larynx as being convulsed and constricted, and this may cause death before medical aid can reach the patient.

Dr. John Miller, 1769, said there existed in children having this trouble a marked disposition to glandular diseases.

At the beginning of the present century Dr. James Hamilton writes: "It is the most formidable symptom, except convulsions, which occurs during den-dition." He describes it as a convulsive stricture of the upper part of the wind-pipe, quite momentary, of such rare occurrence that it has been little attended to, and not accurately described; that it has happened to the most robust, as well as the most delicate infants, and is peculiar to the cutting of the deciduous teeth. He calls it spurious croup.

Dr. Cheyne, 1819, refers to it as often accompanying hydrocephalus.

Dr. Marsh, of Dublin, has also pointed out its symptoms with much clearness and precision.

Dr. Johnson, of the same place, refers to the case of a child in a state of asphyxia from this disease, who recovered by the aid of artificial respiration.

Cheadle, 1887, believes the condition to be identical with tetany.

The first intimation of any connection between glandular enlargement and laryngismus was pointed out by Dr. Merriman in his edition of "Underwood's Treatise on Diseases of Children," while Elässer, and afterward Jenner, first called attention to the frequency of its association with rachitis, most of those having the trouble being affected to a high degree, or afterwards becoming so.

Later writers seem to agree with this last theory that it is associated

and the conditions of health accompanying it, and though there is little doubt of the spasms being reflex, the source of irritation being some distance away, yet what the special condition is that produces them, and why some children should be highly rickety and not have them, we do not know.

We do know that the nerves of infants are in an irritable and unstable condition, that the inhibitory centres are not developed as in later life, and do not exercise the controlling influence they afterwards exert, and in rachitis these centres are especially easily disturbed by reflex influences, partaking, probably, of the ill-nourished condition of the body.

Undue pressure of the thymus gland is believed by some to be the immediate cause of the attacks, or enlargement of the glands, in the cervical or bronchial region, where they are apt to press upon the vagus. According to the views of Semon and Horsley, the spasm depends upon cortical irritation, pressure on the posterior lobes of the brain through thinness of the occipital bones, or craniotabes. Children subject to the affection are said usually to have a condition of constipation and a distended abdomen; thus the excentric irritation seems to be derived, in many cases, by far the majority, I think, from the digestive organs. We have distension of the abdomen, such distension embarrassing the respiratory function, and this disturbance of respiration determining the occurrence of the attack, the irritation being conveyed to the medulla, and the unstable condition of the nerve centers allowing of a useless discharge of force. This may also be true when the attack is caused by any excitement, there being very many afferent nerves ready to convey the impulse.

Hugh Ley, of London, who made this disease a study, adopted a view which seems to be peculiar to himself. He thought it due to a paralysis caused by pressure of bronchial or cervical glands upon the nerves governing the opening of the glottis: that the glottis

closes, but the nerves supplying the muscles opening it refuse to act, and hence the spasm.

That this is a comparatively rare affection I think there is no question, and the following case may be of interest:

The child is seven months old. The parents not sickly, but not robust, especially the mother. Her milk being deficient in quality and quantity, and it giving her pain to nurse the child, it was placed on artificial diet almost from birth. She first fed it condensed milk, which it vomited, no matter how much diluted. Cow's milk was then tried, using the Meig's mixture of milk—cream, lime water, and sugar—but with no better success, though I will say here that I do not think the directions were carried out, the trouble being to keep the child from being irregularly fed and overfed. It was then placed upon Nestle's food, and apparently thrived; no more vomiting, bowels regular, and it rapidly increased in flesh.

The next time I saw it, when between two and three months old, it was emaciated, the bones of the head being distinctly outlined and the hands like claws, but the passages were natural, and the mother thought the food was agreeing. The Meig's mixture was tried a second time, with no better result. Curds were vomited and were in the stools. The diet was changed to a mixture of milk, barley water, and lime water sweetened, which it has been taking ever since, and which has agreed perfectly, to all appearances. It gained flesh rapidly, and soon looked as fat and cosy as any baby fed in the natural manner. I prescribed for a slight cold at one time during the winter, and with that exception did not see it till a week ago, when the mother said that for several days it had been acting very cheerily. It looked healthy and robust. Its stools were normal; no constipation, which is said to favor the attacks. Abdomen a little larger than it should be, but not hard and distended. There was no appearance of teeth, but the gums felt hard. No beading of the ribs, or apparent enlargement of the epiphyses, and the fontanelle was widely open.

There was no hair on the back of the head, and a slight perspiration bathed the forehead during sleep. The spasms came on, both waking and sleeping, though not so often during the latter, but about every half hour during the day, and were growing more frequent and more severe. Each attack was preceded by a couple of shrill sounds, the face became congested and livid, the fontanelle throbbed violently, the head was thrown back into almost a condition of opisthotonos, and for a moment respiration was entirely absent. The air entered the chest with a long-drawn, crowing sound, a peculiar sound which has given the trouble the name of child-crowing. The paroxysms came on without any provocation, and were more severe at night, when the attacks had a tendency to become more general and lasted longer. This baby was placed upon ten grains of bromide of sodium during the twenty-four hours, which was reduced to five. This simple treatment lessened the duration and frequency of the attacks so that on Saturday last it had but six, and of a much different character, for in these latter it only seems to catch its breath, especially when it cries. But this treatment is only palliative, simply keeping the spasm in abeyance while we have a chance to remove the cause.

We believe that this case exhibits some of the symptoms of rachitis, enough to point to that condition. If so, the alimentation is certainly defective, and although a healthy-looking child, it is not healthy, for its tissues are not being sufficiently nourished. Yet I hesitate to make a radical change in a diet that seemingly agrees so well, knowing the difficulty that was experienced in finding such a diet. "Speaking broadly," says Dr. Olin Rex, "the whole medical treatment of the first year of infancy comes down to a question of proper feeding. How few diseases come naturally to the infant in its first year. It leads almost a charmed life, provided its feeding be properly carried out." This problem of infant feeding has been before the profession for many years, and we are probably now nearer its solution than we have been previously,

ical observers, but still the indications for the dietetic therapeutics of the stomach are by no means simple and clear in each individual case. Even though "Dame nature has given us the cure," a baby is still a law unto itself.

Returning to the spasm itself, I observe that most authors mention an acid condition of the stomach as its accompaniment. This was the condition of the case in question, and I attribute it to overfeeding, since when I could induce the feeding to take place at regular intervals, not whenever it cried, or going to sleep holding on to the bottle, the acidity disappeared. Had it not done so I should probably have resorted to some preparation of pepsin before each feeding, as recommended by J. Lewis Smith, in a contribution to the American Pediatric Society, 1889.

This baby is also taking phosphorus, combined with lipanin, a preparation of olive oil which has recently been used as a substitute for cod-liver oil. This was devised by Professor Von Mehring, of Strassburg, and was first manufactured at Berlin. Its advantages are that it is taken with less repugnance than the cod-liver oil, and is well tolerated by those who cannot bear the former, even in small doses, and by those whose digestive powers are weak. Patients with anæmia, chorea, and rachitis are said to rapidly increase in weight after taking it, and that in any chronic, wasting disease, especially pulmonary phthisis, there is a very favorable influence in the majority of cases upon the nutrition and general condition, those only who have hectic not experiencing this influence.

Häuser has experimented with this remedy to a large extent. He gave it in doses after meals to thirty-eight children, ranging in age from fifteen months to thirteen years, for anæmia, chorea, rachitis, chronic tuberculosis, scrofula, and during convalescence after acute diseases, and these experiments were very gratifying. It was absorbed readily and to a great degree, as was proved by examination of the stools.

osis, scrofula and rachitis, and the results were very favorable. In all cases the appetite increased after a short time, though there had previously been a loss of appetite. The results as to increase in weight were equally satisfactory. One advantage it has: it can be prescribed equally well in warm weather.

As to phosphorus, I will simply give some observations on its use by Mandelstamm (*Fahrbuch f. Kinderh.* xxxx.):

1. Clinical observations fully justify the use of small doses of phosphorus in rachitis.

2. Phosphorus acts better, quicker and more safely than any other agent upon the rachitic process.

3. A long-continued use of phosphorus in small doses is well tolerated by children, and there is no disturbance which one would be justified in attributing to its action.

4. Phosphorus acts most happily upon the nervous disorders which accompany rachitis. Such disorders disappear quickly, and the general condition rapidly improves.

5. Periodical measurements and weighings of rachitic children treated with phosphorus, as well as investigations of the condition of the bone shows that under the influence of the agent the rachitic process usually ceases to progress, and the disease gradually disappears.

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#### SULFONAL IN THE TREATMENT OF EPILEPSY.

Dr. Bannatyne (*Norsk Magazin, Lægevidenskaben*, No. 5, 1892) uses the drug in the treatment of those inveterate and incurable cases where the bromides have only a slight action or none at all, and where the attacks are very numerous, with over-excitability of the brain. Here it diminishes the frequency and severity of the attacks. The dose varies between six decigrammes and two two-fifths grammes (nine to thirty grains), with the ordinary precaution of sulfonal.

# PARALYSIS OF THE INSANE.

A Paper read before the Ohio State Medical Society, May 6, 1892,

BY

PHILIP ZENNER, A.M., M.D.,

Clinical Lecturer on Diseases of the Nervous System in the Medical College of Ohio.

General paralysis assumes its great importance, not only from its comparative frequency, but also on account of the class of individuals it attacks. Its victims are usually the stalwarts of the community, able-bodied, hard-working, intelligent men, those who, from their zeal and energy, have acquired a place and influence over their fellows. This fact already tells us an important etiological factor in the production of the disease—work and worry—elements which play the greatest rôle in the lives of the greatest workers. That this is a very important cause is beyond doubt; that other causes may also be at work is almost equally certain. Of late years the impression is growing that syphilis is an important etiological factor. The facts that the disease occurs chiefly in men, and in adult life—most commonly between forty and fifty years of age—and that a previous history of syphilis can be obtained in many cases—according to some observers in 75 per cent. or more—are the basis of this belief. It thus becomes apparent that the belief is based upon the same order of facts as that of the etiological relationship of locomotor ataxia and syphilis. The two diseases are alike in other things. The one is the most common organic disease of the spinal cord, the other the most common organic disease of the brain. The pathological changes of locomotor ataxia, sclerosis of the posterior columns, are found in many cases of general paralysis—in 66 per cent. of cases, according to Thomson (*Neurolog. Centralblatt*, 1890, p. 220), and, much more rarely, general paralysis develops in cases of locomotor ataxia. Also, the relationship of syphilis to general paralysis, as is true of locomotor ataxia, must be an indirect one. The lesions found

quently to do harm than good. Just in what manner the syphilitic poison acts, whether it produces ptomaines which specially affect nervous tissues, or merely weakens the nervous system and renders it more susceptible to disease, or acts in some other way, we do not know. In most cases the nervous disease appears ten years or more after the primary infection.

Whatever be the relationship of syphilis to the disease, it is probable that some additional cause is always necessary. The disease rarely occurs in the colored race, though syphilis is common. It is found most frequently in the countries with highest civilization. We can not go far amiss in the statement that a great taxing of the intellectual powers is, as a rule, the exciting cause, and that this cause is more effective where syphilis has lessened the resisting power of the nervous system.

General paralysis is, essentially, a disease of the anterior part of the brain, that part possessing motor functions, and, at the same time, most intimately related to the intellectual powers. Meynert carefully weighed different portions of the brain in advanced cases, and always found the greatest amount of atrophy in the anterior half of the hemispheres. Nevertheless, pathological changes take place in other or all parts of the brain, as well as in other parts of the nervous system, and thus accounts for the manifold symptoms sometimes presented.

I wish, in this paper, to speak chiefly of the early symptoms, and of our aids to diagnosis at this period. The early recognition of the disease is of highest consequence, for it may avert financial or worse calamities, and it is only then, if ever, that anything can be hoped from therapeutical measures. But I will first give a brief outline of the disease as ordinarily presented.

The symptoms are mainly of a mental or motor character. There is a progressive failure of mental powers, first of the powers of attention and mental concentration, then of judgment, memory, will-power, and of the affections





nor indications of former syphilitic infection, but he sometimes indulged too freely in alcoholic drinks.

Two months before I saw him, while on a business trip, he was seized with an attack of acute mania, which passed away in about two weeks, but left him in an altered condition. He was steadily improving at the time I first saw him. At that time his mind seemed quite lucid; he gave a clear account of himself, and there was no trace of delusions. The only change in his mental condition spoken of was impairment of memory, and that only for recent occurrences. But some objective symptoms were found, so slight as only to be detected by careful examination, which seemed to have a sinister significance. These symptoms were: a slight inequality of the pupils, the left somewhat larger than the right, and sluggish in its response to light, a slight tremor in the speech, and somewhat uncertain gait, that is, sometimes something abnormal could be detected in it, not to be clearly defined. These symptoms, especially the condition of the pupils, led me to express a fear that general paralysis was developing. The presence of this disease was made manifest within a few months by more decided disturbances of speech and gait, as well as transient paralytic attacks, great impairment of memory, mental confusion, the delirium of grandeur, etc.

When I first saw this patient I was told that the previous maniacal attack was the commencement of his illness, that nothing abnormal had been observed before. Long afterwards, when the mental disease was pronounced, and the patient sent to an asylum, both the members of his family and his business partners could recall certain mental peculiarities, such as crying easily, the expression of a peculiar idea, occasional display of unusually poor business judgment, etc., manifested for months before the maniacal outbreak. These were supposed at the time to be incidental occurrences, to have no pathological significance, and, therefore, were not even thought of when we were trying to take the history of his disease.

I have seen a number of cases in

which the disease was supposed to have begun abruptly, as a sort of explosion, in which a careful investigation revealed a prior change, a slow, insidious beginning. I dwell specially upon this point, to emphasize the importance of looking for early symptoms. In the case above reported it was the ocular symptoms, the condition of the pupils, which directed my attention to the true condition. Ocular symptoms are of such high diagnostic import, and so frequently found at an early stage of the disease, that they should always be sought for. The most common of these is inequality in the size of the pupils. Also, very commonly one or both pupils respond to light very sluggishly or not at all. In some instances there is what is termed spinal myosis: the pupils are quite small, do not respond to light, but become smaller on convergence of the eyes. Some years ago, in a paper read before the American Medical Association, I called attention to the importance of this symptom, in conjunction with loss of the knee-jerk, in helping to a diagnosis of general paralysis. The paper was based upon the examination of a large number of cases, and it was found that this combination of symptoms was found in a large proportion of the cases of general paralysis, and in very few of the other forms of insanity.

I must again emphasize the importance of seeking objective symptoms in cases where suspicious mental symptoms are found.

#### MEDDLESOME MIDWIFERY.

N. Watson protests against too frequent examinations, which produce a dry and congested condition of the passages, against the administration of ergot to precipitate labor, against the use of instruments merely to save the time of the attendant, and against the exaggerated use or misapplication of antiseptic douches upon every slight rise of temperature.—*Amer. Jour. of Obstetrics.*

A PHYSICIAN is an angel when employed, but a devil when one must pay him.—*From the German.*

## DERMOID CYST.

Read before the Academy of Medicine,  
May 2, 1892,

BY

A. W. JOHNSTONE, M.D.,

CINCINNATI.

I feel that I almost owe you an apology for bringing to your notice such every-day subject as dermoids of the tongue. They are by no means so rare as I make them a great curiosity, but still there are some moot points about their origin which I feel will justify me in writing this specimen, which I read a few days since. It consists of a dermoid cyst, containing one bicuspid tooth, a very long and large elf-like look, and its usual amount of sebaceous matter, beside a tissue that looks very much like one-half the tongue, for you can see the various forms of papillæ on its surface, which are ordinarily found on the tongue alone. I should say, however, that no microscopic examinations have been made, and I cannot state positively that it is a tongue. The case ran alone nicely, and is now about out of danger. The tumor had existed several years, and during the last few years had been growing rapidly. As you see its history was about that of most other dermoids, and I am sure, if not been removed, would have resulted in the death of the patient. As I have already intimated, dermoids are not so very rare. In my short experience I have seen six or seven, the remarkable of which was that of a woman, of fifty odd years, who had been aware of its presence since about her twentieth year. In the meantime she had raised three boys, and had gone through the change of life in the ordinary way, her death being caused by dysentery. At the post-mortem I found a fairly-formed superior maxillary bone, containing three teeth, properly seated in the alveolar process, which were respectively an incisor, a canine and a bicuspid, the bicuspid having a peculiar place in it which exactly resembled the ordinary decay of adult teeth. The other ovary contained some corpuscles which looked very much like

liver or spleen, but unfortunately was not examined under the microscope, and I cannot speak positively of its true nature.

From this undoubted affirmation of the formation of a human body, in cases which have come under observation have represented as many different gradations, on down to a few plates of cartilage scattered inside of the cyst wall.

Thus, you see my experience does not vary from that which is laid down in the books, and I am prepared to believe the doctrine of Bland Sutton, who states that the difference between an ovarian dermoid, after all, is only one of degree, because in many cases of dermoids supposed to be ordinary, similar cysts, if they are examined under the microscope, small pieces of true skin could be found on their interior.

The origin of these cysts has been disputed, but my own opinion is that they are two-fold. Dermoids of the organ, of the nose, of the mediastinum, of the vagina and anus, I believe are accounted for by the old idea of the closure of the epiblast being the closure by the median fold thus inclosed by foreign tissue to the production of whatever they may happen most to resemble. Making this class of dermoids of genetic origin, and being the result of faulty development of the tissue in whom they are found. But dermoids of the testicle and ovary cannot be so sure. In hunting the literature of dermoid of the ovary I found it extremely rare. In very few cases have been recorded as you all know, dermoids of the ovary are found almost everywhere. If the origin, I believe, is due to a different reason than that of the tongue, I have just spoken. My meaning is illustrated by description of cases through I think they pose, for instance, any accident to the Graafian follicle by which the ovum does not happen to be detached from its matrix, but

not rupture, but still continues to contain and nourish the ovum. In such a case I believe there would be a weak attempt to the formation of tissue for which the ovum was created, thus making the dermoid not the blighted twin of the one in which it was found (as it was at one time thought), but rather an attempt at the manufacture of a child without impregnation. This, of course, would be very hard to prove of either the ovary or the testicle, but I cannot help believing the same process holds good for both.

In the ordinary history of both the ovum and the cells of the testicle, which develop the spermatozooids, they are cut off from any nutrient supply, and, unless impregnation takes place, and by this means nourishment furnished them, they are, of course, bound to die; but what will they do when retained and kept alive for a length of time, and thus put in a position where they are able to follow out the laws that are inherent in these little bodies? Who can tell what may happen? My belief is that the specimen we have before us is an example of this perverted function, by which natural law has been forced into a pathological condition because, as has been truly said, this chapter certainly is the "Walpurgis Night" of pathology.

Before closing, I wish once more to state briefly my belief about dermoids, viz.: That those which are found in cavities and depressions along the median raphe are undoubtedly due to the isolation of little particles of the mesoblast, which have become isolated and thus produced heterodymous, but have the same origin as the rest of the individual. But the dermoid of the ovary and testicle are undoubtedly due to the perverted functions of these organs.

[FOR DISCUSSION SEE P. 753].

"Now, my little man, describe your symptoms." "I haven't dot any symptoms, I dot a pain."—*Harper's Bazar*.

## ACADEMY OF MEDICINE.

### OFFICIAL REPORT.

*Meeting of May 2, 1892.*

The President, G. A. FACKLER, M.D.,  
in the Chair.

T. V. FITZPATRICK, M.D., Secretary.

DR. A. W. JOHNSTONE read a paper on

*Dermoid Cysts* (see p. 752).

### DISCUSSION.

DR. GUSTAV ZINKE:

I have seen some three cases of dermoid cysts in my own practice, as well as two in the practice of Dr. Palmer. The last one was as large as a uterus at six months of gestation. The cyst was filled largely with colloid fluid; at the bottom of it was found a large amount of bone tissue, containing five teeth, one of which was beginning to decay. There is no doubt that in many cases these dermoid cysts are the result of fetal remains, except when found in connection with the ovaries and testicles.

DR. C. D. PALMER:

I have not unfrequently encountered these dermoid tumors of ovarian location in my practice, and all, to the best of my knowledge, have gotten well after ovariectomies. My last case was different from any of the others. It was about the size of a medium-sized watermelon, contained no teeth, bone nor hair, but the sac was filled with a yellow dense fluid, looking like the thickest cream when warm, but which, after exposure to the air, solidified like butter in winter time.

Dermoid tumors are of a congenital origin, and exist more frequently than is suspected, for they are found on post-mortem examination in patients who have died of some other disease; their presence during life not being suspected, because small, too small to drain the body, or to produce pressure symptoms. Until they grow, from some cause, and create symptoms, they remain unnoticed, but when they do they should be immediately removed.

is more appropriate. They always contain some skin, but there may be a great preponderance of bones (some one or more being characteristically developed), teeth, or other material. The case to which I referred consisted largely of a fatty fluid.

The doctrine of an abnormal inclusion of the epiblast, showing their developmental origin, is the most satisfactory of any advanced.

DR. GILES S. MITCHELL:

One of the most obscure points in pathology is the origin of dermoid cysts. The theory which ascribes them to extra-uterine pregnancy does not deserve mention, since they are often found in children. The theory of diplogenesis by fetal inclusion is also inadmissible, on account of the number of teeth often present. Lebert employed the term heterotopia, which is only a name, not an explanation. The theory of parthogenesis, which accounts for their formation as due to a proliferation of germinating epithelial cells, is not convincing, since it fails to explain the presence of similar growths in other parts of the body where epithelium is not found. Probably the least objectionable theory is that of impaction. This theory presupposes that during intra-uterine existence certain portions of the blastoderm become impacted by pressure within the tissues, and afterwards develop into an irregular formation of normal tissues. Verneuil first announced this theory in connection with cysts of the branchial clefts of the neck and head.

The complexity of the elements found in dermoid cysts of the ovary are better understood when we remember that the genital organs are developed from the axis cord. The organs formed by all of the layers of the blastoderm are the only ones which take part in the formation of the axis cord.

Lannelongue accepts the theory of impaction without reserve.

These heterologous growths add confusion by modifying the normal tissues in which they develop. Formerly it

tion, and, so stimulated, grow rapidly, and tend to destroy life. As soon as diagnosed they should be removed.

I am inclined to concur with the reporter, that dermoid cysts are of much more frequent occurrence than is generally believed.

DR. ROBERT STEWART:

It has occurred to me, in thinking the matter over, that a possible explanation for the occurrence of dermoid cysts might be found in the incomplete development of the ovum as the result of the retention of the polar bodies. It is well known that before fecundation of the ovum can take place two bodies are thrown off from the surface of the ovum, and these bodies are known as the polar bodies. And, while a positive explanation of their occurrence has never been given, that one which is maintained chiefly by Balfour—that these polar bodies are the male elements of the ovum, the throwing off of which is necessary in the preparation of the ovum for the reception of the fructifying element of the male—would show these to be the remains, so to speak, of that elemental life in which the animal has the power of self-fructification, and these polar bodies are thrown off to prevent the self-fructification of the ovum.

If this theory of the polar bodies be true, why isn't it possible that the retention of these polar bodies in the ovum leads to an imperfect fructification of the female element, and, as a consequence, the production of an imperfect being, such as we find in the dermoid cyst?

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DOCTOR—"You must give up drinking and—"

Mr. Sickly—"I never touch a drop."

Doctor—"And stop smoking."

Mr. Sickly—"I don't smoke."

Doctor—"Humph! that's bad. If you haven't anything to give up I'm afraid I can't do much for you."

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# PARISIAN MEDICAL CHIT- CHAT.

Translated from *La France Médicale*,

BY T. C. M.

*Louis XIV and the Republic.—Other Times Other Morals.—Some Medical Decisions of Ecumenical Councils.—A Simple Case of Headache Treated by Different Specialists.*

Not long since we published an old proclamation of Louis XIV. By the terms of this Royal edict, a physician on his second visit to a patient must oblige the sick one to call in a priest for confession, and not make a third visit until a certificate of the patient's confession was exhibited. This applied to Catholic France only.

At the first glance this would look like an attack on the liberty of conscience, and one might be inclined to grow indignant. But on serious reflection one's judgment of the edict is softened, and we are led to believe that things are no better at the present day than they were in former times, and that we have only changed masters. To-day the State interferes, the world over, with private affairs in the name of public rights or in the general interest. Under the old regime the State professed the Christian religion, and believed that its subjects who held this faith should be protected by all sorts of legal measures. To-day the State is laical, and it assures by all the methods that laws can enforce to give predominance to the laical spirit in its teachings and methods of public assistance. Aside from all religious considerations is vaccination not a motive of general interest? Is it not the imperious duty of a Government to assure proper measures for the conservation of the health of all its subjects?

Should not the same, or more rigorous methods be enforced to save souls? Without doubt, morals are transformed, as Governments succeed each other and doctrines change. Every physician should respect the religious sentiments of his clients, and make it his duty to

religious aspect all will agree that this is a sad duty for any physician to perform. No doctor ever dreams of shirking this duty when called on, and there are no severe penalties for avoiding the obligation. One cannot always prognosticate death on a second visit. Under Louis XIV there was only one way of avoiding the difficulty: it was to make not more than two or three visits to a patient who might have neglected his church confessor in the interval. This was the spirit, as much as the letter of the Royal edict.

In 1429 the Council of Paris recommended the same salutary practice, which was afterward renewed by the Ecumenical Council of Latran. Later, Pope Pius V renewed the same interdiction in the same formal terms. Louis XV was a staunch defender of ecclesiastical bulls, but modified the edict of his predecessor in a more liberal way: "Spiritual succor" says he, "being necessary at some times, notably to our subjects who are newly united to the church, it is desired that *when their life or safety is endangered, they be warned,*" etc.

\* \* \*

Let us turn now from things spiritual to things more terrestrial, and admit that there is more medical humbuggery and quackery in this so-called scientific age than there ever was, even in good, old golden mediæval times. The gynecologists, laryngologists, aurists, oculists, etc., in Paris, must lower their colors to the United States for introducing a new species of medical men, who have been bravely baptized *orifice specialists*. Needless to say it is a Chicago product. This is the acme of specialization. The following case applies not only to French, but to foreign medical specialists: A woman, mother of three children; well formed, in perfect health in appearance, as well in mind as in body; had, from time to time, violent attacks of headache, and called a number of physicians in consultation. With a common consent all these doctors, strange to say, agreed that the pain was of reflex origin, but no two of them

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doctor, was next called in th  
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cut off the uvula; but, stran  
this did not cure the patient  
suffered attacks of headache.

Now came a strange medi  
nation. Dr. P., the world-  
thopedist, was called in, a  
decided that one of the lady  
shorter by a millimetre than  
He claimed that the reflex  
arose from the hip-joint, an  
cautery. He then desired  
tenotomy, which the patient  
opposed, and Dr. P. retired.

Dr. R., the distinguis  
specialist was next emplo  
end-of-the-intestine-specialis  
declared the lady's headache  
lesion of the mucous folds of  
He chloroformed the patient  
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condemned to a temporary in  
of fecal matter.

The patient, now thoro  
gusted, poor in health, and  
ever, left Paris, and went  
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What would Moliere say  
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THE *Progrès Médical* an  
death at Bordeaux, of Dr  
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TRANSLATED BY  
F. H. FRITCHARD, M.D.,  
NORWALK, O.

### TREATMENT OF SYCOSIS.

Dr. E. Kromayer (*Therapeutische Monatshefte*, No. 4, 1892) regards every case of sycosis as parasitic, and as transmitted by epidermal auto-infection. Hence, in treatment, auto-infection extension and recurrence must be prevented, as well as healing of the already existing lesions be brought about. The latter indication is filled by a salve dressing and epilation. As a salve the writer uses the following:

℞ Tannic acid, . . . gms. 2  
(grs. xxx).  
Precipitated sulphur. . . gms. 4  
(3j).  
Oxide of zinc, } aa . . . gms. 7  
Sulphur, } (3ij).  
Yellow vaseline, . . . gms. 20  
(3v).

In case the skin is much infiltrated and large nodes have formed other methods must be used, as incision, puncture, scarification, the curette, and last, but not least, hydropathic treatment. Pustules surrounding the hairs must be opened and cauterized with a concentrated solution of the nitrate of silver. The diseased hairs should be epilated and the germs prevented from further extending by energetic disinfection with the following solution:

℞ Corrosive sublimate, . . gm. 1  
(grs. xv).  
Alcohol, . . . gms. 99  
(3liij).

Every morning and evening the diseased and healthy skin is rubbed with this solution on a wad of cotton. This will be sufficient to prevent the further extension of the disease, and it should be continued after the disease is apparently cured. The patient may proceed as follows: In the evening, after the beard has been shaved or cut off short, and any crusts, scabs or dirt have been removed, the diseased hairs are extracted, the spot rubbed with the sublimate solution and the salve applied.

substance, as paraffine, the remains of the salve, the crusts and secretions thus being removed. The skin is disinfected with the corrosive sublimate solution and the salve or vaseline applied during the day. Vaseline may be employed if the patient's business prevents his using the salve during the day. In this manner the writer has treated successfully thirty cases of sycosis.

### TREATMENT OF CHRONIC CRURAL ULCERS AND ECZEMA BY UNNA'S ZINC AND GELATINE DRESSING.

Prof. L. Heidenhain (*Berliner klin. Wochenschrift*, No. 14, 1892) recommends the use of this procedure in the treatment of obstinate crural ulcers and chronic eczemas. The patients first take a warm foot bath for fifteen to twenty minutes, in which they carefully cleanse the extremity with soft soap and a wad of cotton. After wiping the entire extremity is disinfected with a 1 per cent. solution of sublimate, the ulcer being only moistened with a wad of cotton dipped into this solution. Then the surrounding skin, as well as any eczematous spots, are rubbed with Lassar's zinc paste (oxide of zinc and starch, aa, gm. 1, and vaseline gms. 2), of which a thick layer is applied. The ulcer itself is dusted over with iodoform, and later, when it has cleared up, red precipitate salve is rubbed on. If the secretion is profuse dermatol will control that in a striking manner. Only when the ulcer secretes profusely is it covered with a layer of sterilized gauze.

Unna's zinc and gelatine dressing is, at the ordinary temperature, thick and hard. If placed into a wash-dish it becomes, in a few minutes, fluid. Its formula is:

℞ Oxide of zinc, } aa gms. 20 (3v).  
Gelatine, }  
Glycerine, } aa . gms. 80 (3ljss).  
Water, }

The dressing is applied with an ordinary bristle brush from the toes anteriorly to the anterior tibial spine and posteriorly from the toes to the heads of the gastrocnemii. Then the

th a gauze and starch s to the knee. This smoothly and well up

Then the leg is the dressing until it meshes of the gauze. is carried down the yer of the dressing is on, until the leg is layers of gauze and smoothly over one a simple mull band- the whole in order to ng from rubbing off. an hour the patient to go home, and in the bandage will be id. As long as the e the bandage must e week, but soon only ime the foot bath is he bandage may be n in place for two retions are retained e only when they are hey pass through to general, the bandage d as soon as a spot outside. The writer ge as especially valu- tical physician, and, untry doctor. It is lied, extremely com- tient, allows them to ness, and gives results ng to be wished.

#### CITIS DUE TO CIR- THE LIVER.

*Vorsk Magazin for* No. 5, 1892) recom- in cirrhosis and in tic cirrhosis. es of copaiva in his armacology:" "The intensely than the lues, in good-sized grammes (one and a d a half drachms), leraic dejections. If er time, in smaller n increased flow of inuria from irritation

observations from

Russia, the balsam, as well as harpax acid, are very useful in the treatment of ascites from hepatic cirrhosis. Four grammes (one drachm) a day may be given for four weeks without digestion being disturbed. Now then there was observed in the urine of some patients red blood-corpuscles, even in some cases renal epithelium. Yet the writer does not regard this as of great importance, as experiments on rabbits have shown that very large doses may be given without any renal irritation being caused. If given in hundred times so large a dose the urine of these animals only contains numerous white blood-corpuscles and no red, and then a red one, with renal epithelium. Dogs to which from four to thirty times the ordinary sized dose was given did not vomit; neither did they present any signs of renal irritation beyond that described.

About twenty years ago the English literature contained much on the wonderful action of balsam of copaiva in the treatment of hepatic cirrhosis.

#### BELLADONNA IN GALL-STONE COLIC.

Dr. Sticker (*Norsk Magazin for Lægevidenskaben*, No. 5, 1892) finds a direct anodyne action to be less than that of opium, yet the subsequent attacks seem to decrease in severity. He gives ten to fifteen centigrammes (one and a half to two grains) of extract of belladonna in thirty grammes (one ounce) of water, and of twenty drops every half hour to one hour. The remedy is especially indicated when the stone has wedged it in the ductus choledochus. Here the action is explained by its relaxation on the circular fibres of the duct. If the pains are very severe and the lapse threatens, then one will have to have recourse to morphine.

#### PUBLISHER'S NOTICES.

THE preparations of "PEPSIN," made by Robinson-Pettet Co., are endorsed by prominent physicians. We recommend a careful perusal of the advertisement of this well-known manufacturing house. (See adv. p. 10.)



# LANCET-CLINIC:

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L. S. COLTER, M.D.

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## Editorial.

### THE MORTON LECTURE ON CANCER AND CANCEROUS DISEASES.

This lecture, founded for the purpose of bringing forward any fresh light that was shed on cancer during the preceding year, was this year delivered by G. Sims Woodhead, M.D., he taking for his subject, "The Etiology of Cancer." As the scope of this lecture is broad enough to interest all medical men, we deem it proper to make an abstract of the same and present it in the editorial columns. All mankind must take a very great interest in this subject, as it is one of the very greatest importance, and any new light that is shed upon the subject will receive the immediate attention of all thinking men.

The subject matter of this lecture was arranged under three heads:

1. The conditions within the tissues that may predispose to the formation of cancerous tumors.

2. What is known as to the nature of the irritants that are now assumed to

3. What is to be gathered in respect to the treatment of cancer from recent researches on the subject.

The lecturer, in detail, discussed the part played by nuclei in the production of malignant growths, referring to the time honored and probably correct dictum of Virchow in regard to cell-production. The fact that youth is the period of greatest activity in connective tissue and old age the active period in the multiplication of epithelium, was forcibly presented by the speaker; and the evident connection between these facts and the character of growths in the different periods of life was referred to.

The first division of his subject was summarized in this following sentence: "It may be accepted for the present, then, that malignant tumors are to be looked upon as overgrowths of certain tissues started into activity by some unknown cause."

When the second part of the subject is considered, he exclaims: "What, then, can be the exciting cause of cancer formation? . . . For the development of cancer it is necessary that there should be a continuous irritation, and one capable of multiplication.

. . . It has long been known to zoologists, especially to those interested in the animal parasites, that we have a number of parasites, most of which affect epithelial cells, which exhibit little motion, are more or less homogenous in structure, but which are surrounded by a hard, smooth cuticle. This class of organism has been specially described as occurring in the liver of the rabbit, where, under the name of *coccidium*, it is known to set up a peculiar irritated condition of the bile-ducts, which ends in the formation of psorosperm nodules, which are really cysts containing papil-

liform projections covered with rapidly proliferating epithelium, in the cells of which are numerous protoplasmic bodies, answering in all respects to the description above given. Similar organisms, setting up similar proliferative changes, have been described as present in the epithelial cells lining the intestine of the mouse, the dog, cat, rabbit, and even of man; whilst in the pike, the snail, and others of the lower animal organisms they are met with in considerable numbers in the epithelial cells of various parts of the body. On examining the literature and descriptions given of these parasites, and of the effects they produce, one cannot but be struck by the very marked similarity, not only of the naked-eye appearances, but also as to the histological changes generally (especially those that are found in the epithelium), between psorosperm nodules and cancerous growths. . . . We have here, then, in the lower animals, organisms which, as parasites of the epithelial tissues, set up and maintain continuous proliferation, and comply with all the conditions required, theoretically, in the irritant that should be the cause of cancer. . . . I have been able to examine a very large number of tumors kindly supplied to me by Mr. Hulke, and have so been able to confirm Russell's observations as regards the presence of his so-called fuchsin bodies. . . . A coccidial origin of cancer, if proved to be correct, would render it necessary that we should throw aside the doctrine that cancerous epithelium can be developed from anything but epithelium cells."

The latter part of the lecture deals with the question of treatment, and here the author advances nothing new. He recommends the removal of *all* infected tissue: better remove too much than too little.

The lecture derives its greatest interest from the fact that it is very suggestive. Dr. Woodhead, like many an eminent man before him, does not commit himself to the coccidial origin of cancer, but points out the striking points of similarity, and offers the whole field as a subject for future work and cultivation.

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## Bibliography.

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### MEDICAL LITERATURE REVIEWED TO DATE.

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A TREATISE ON BRIGHT'S DISEASE OF THE KIDNEYS: Its Pathology, Diagnosis and Treatment, with Chapters on the Anatomy of the Kidney, Albuminuria and the Urinary Secretion.

By HENRY B. MILLARD, M.A., M.D. With numerous original illustrations. Third edition, revised and enlarged. New York: William Wood & Co. 1892.

The first edition of this work was issued in 1883. Two years later the author found it necessary to issue another edition, and now again, after the lapse of seven years, we are presented with a third edition. The second edition was exhausted two and a half years ago, but until now the author has not found time to prepare a third. In this edition Dr. Millard has changed many of his former opinions and conclusions in reference to what is known as "physiological" or "normal" albuminuria. After devoting much time in investigating the subject he concludes as follows: "Turn, therefore, which way we may, we cannot satisfy ourselves that albuminuria, either natural or artificial, ever occurs, except as a result of pathological changes in the kidney, and is consequently never normal or physiological, and never, therefore, to be regarded without distrust."

The author has entirely rewritten the chapter on tests for albumen, and has added a great deal of new matter, especially upon the albuminuria of

lives is offered up annually to this molo-  
 loch of nephritis in pregnancy, many, if  
 not most, of which, could be saved." He  
 agrees with Tyson that it is not going  
 too far in advising against marriage  
 when the existence of Bright's disease  
 in the woman is known, however well  
 she may seem. On this point Tyson  
 says: "It is, of course, a proposition dif-  
 ficult to sustain, but I am inclined to  
 believe, that many more cases of fatal  
 puerperal eclampsia in primipara than  
 suspected have been women who have  
 had Bright's disease before marriage;  
 and, ridiculous as it may seem at first  
 thought, I have no doubt that if the  
 urine of every girl were examined be-  
 fore marriage some lives would be  
 saved; first, by persuading her, on dis-  
 covering the disease, to give up the  
 idea of marriage, and second, by pro-  
 viding a treatment in the event of preg-  
 nancy occurring." The author thinks  
 that it is not absolutely shown that  
 there is such a thing as an albuminuria  
 of pregnancy, and that there is no doubt  
 that many cases of albuminuria in preg-  
 nancy have been due to pre-existing  
 nephritis, or to nephritis contracted  
 during pregnancy. The disposition or-  
 dinarily is to attribute the albuminuria  
 of pregnancy to the gravid condition.  
 But the albuminuria may be in exist-  
 ence a long time before conception, or  
 it may be contracted during, but not as  
 a result of, pregnancy. The common  
 idea that the renal veins are pressed  
 upon by the gravid uterus he thinks  
 untenable, as the renal veins are too  
 deeply situated, and even admitting a  
 decided retroflexion, the left vein only  
 would be compressed. Again, the neph-  
 ritis occurring in pregnancy as found af-  
 ter death is not the kidney of venous  
 stasis, but the kidney characterized by  
 anæmia, and steatoses. In reference to  
 the theory that the nephritis is due to  
 compression of the ureters, he says: "It  
 is true that the gravid uterus may press  
 upon the opening of these canals into  
 the bladder, in which case pyelo-neph-  
 ritis would result. This dilatation, but  
 slightly marked, is found only in one-  
 fourth of women who died eclamptic.

elements exist in the blood in preg-  
 nancy, as they do in scarlatina and  
 other infectious diseases, and that these  
 produce the renal changes, he thinks is  
 a captivating one, but he knows of no  
 evidence that has shown these toxic ele-  
 ments to exist.

This book will undoubtedly prove  
 to be one of practical value to the phy-  
 sician in aiding him to comprehend and  
 manage from the foundation the pathol-  
 ogy and treatment of this very common  
 affection. We have no doubt but that  
 this edition will receive even greater  
 approbation than the former editions  
 received.

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#### A SYSTEM OF PRACTICAL THERAPEU- TICS. Vol II.—Fevers; Diseases of the Respiratory System, Circulatory System, and Hæmatopoietic System; Diseases of the Digestive System.

Edited by HOBART AMORY HARE, M.D.,  
 Professor of Therapeutics and Materia Medica  
 in the Jefferson Medical College of Philadel-  
 phia. Assisted by WALTER CHRYSTIE, M.D.,  
 formerly Instructor in Physical Diagnosis in  
 the University of Pennsylvania. With illustra-  
 tions. Philadelphia: Lea Brothers & Co.,  
 1892.

We recently had the pleasure of re-  
 viewing the first volume of this system,  
 and the good things that we took oc-  
 casion to say in regard to that volume  
 can be repeated in every particular in  
 writing about this, the second one. Dr.  
 Hare has certainly undertaken a great  
 and exceedingly valuable work in plac-  
 ing before the profession a system of  
 practical therapeutics. Scarcely a day  
 passes that we do not feel the need of  
 consulting a work of this character.

The first contribution to this volume  
 is quite an elaborate article on the treat-  
 ment of syphilis by no less distinguished  
 an authority than Robert W. Taylor,  
 M.D., of New York, a man whose vast  
 and varied experience in the treatment  
 of venereal disease has rendered him  
 eminently fitted for this task. Perhaps  
 no disease is treated so haphazard by  
 the general run of physicians as is  
 syphilis, and we would earnestly re-  
 commend the thorough digestion of  
 what Dr. Taylor has here written in

to this article. The next article is from J. Lewis Smith, and is devoted to the treatment of scarlet fever, measles, rōtheln, and varicella. The writer has so long been recognized as a leading authority on all subjects pertaining to pædiatrics that comment here will be useless.

In a work of this character it would seem that there must necessarily be some contributions which are hardly up to the standard, if they do not absolutely appear inferior. Such a criticism, however, we can hardly make in regard to these two volumes, and we shall expect those of the remaining volume to be equally first class. Space will not permit us to take up the various articles separately, but we would call especial attention to the one by Kelsey on "Diseases of the Rectum and Anus," and likewise the one on "Croupous and Catarrhal Pneumonia," by Graham.

That time-honored, stereotyped statement of reviewers that no physician's library will be complete without the work can truthfully be applied to the volume before us.

#### TEXT-BOOK OF THE ERUPTIVE AND CONTINUED FEVERS.

By JOHN WILLIAM MOORE, B.A., M.D., M. Ch., University of Dublin; Joint Professor of the Practice of Medicine in the Schools of Surgery of the Royal College of Surgeons in Ireland, etc., etc. New York: William Wood & Co. 1892.

Fevers form a class of diseases which demand the most intelligent observation on the part of the physician, and the proper management of a case of fever will always be one of the most difficult things to accomplish in the practice of medicine. They are cases which call for the most careful physical examination of every system of the body, and painstaking management from the very onset up to the close.

In this book the author has endeavored to set forth the most recent views on the ætiology, bacteriology, symptoms, pathology, and treatment of this group of maladies. Bacteriological investigations of the last few years has

will be found in the pages of this book. The author thinks that it is plain that in the future a personal study of fever will be an indispensable part of medical education, and this consideration led him to write a book which he hopes may serve as a reliable guide to the student of fever. He has certainly given us a valuable work, and one which represents a vast amount of labor and extended clinical experience with this class of diseases.

#### DISEASES OF THE NERVOUS SYSTEM.

By JEROME K. BAUDUY, M.D., LL.D., Professor of Diseases of the Mind and Nervous System and of Medical Jurisprudence, Missouri Medical College, St. Louis; Late Physician-in-Chief to St. Vincent's Institute for the Insane, etc., etc. Second edition. J. B. Lippincott Co., Philadelphia, 1892. Price \$3.00.

This volume of 350 pages is chiefly devoted to insanity. The only other diseases treated of are hyperæmia and anæmia of the brain, and the various forms of meningitis, which subjects have received very full treatment.

The lectures on insanity occupy nearly 200 pages. The chief objection to the book is that some forms of insanity do not receive the attention they deserve. For instance, paranoia, the understanding of which disease is the greatest advance in modern psychiatry, scarcely has more than one page devoted to it. Other diseases, notably epileptic insanity and general paralysis, are considered at length.

The author attempts to give the views of the best writers on the different subjects, and the book is well worthy of perusal.

#### A TEXT-BOOK OF THE PRACTICE OF MEDICINE: For the Use of Students and Practitioners.

By R. C. M. PAGE, M.D., Professor of General Medicine and Diseases of the Chest in the New York Polyclinic. New York: Wm. Wood & Co., 1892.

The size of this book is considerably smaller than that of the majority of text-books on the practice of medicine, there

dent to obtain in brief the most practical as well as scientific views of the various subjects treated of in a work on medicine. Special works on pathological anatomy being readily accessible, the author believes that it is sufficient in a work of this kind to give only the chief points in the pathological anatomy, leaving the more detailed description to be sought elsewhere. He has thought it better to go rather more into detail regarding treatment than is customary; not only mentioning drugs, but in many instances the prescription and dose are given. A number of illustrations have been introduced. The book is well written, and to those of our readers desiring a work in which they can get at the practical elements with the least expenditure of time we recommend this book. We believe it is especially adapted to the wants of the student.

#### **PRACTICAL MIDWIFERY: A Hand-Book of Treatment.**

By EDWARD REYNOLDS, M.D., Assistant in Obstetrics in Harvard University. With 121 illustrations. New York: William Wood & Co., 1892.

The author's aim in this volume is to furnish to students and inexperienced practitioners a full description of those practical details of conduct which are necessary to the management of every case of gestation, labor or the convalescence therefrom. The anatomy and physiology of the pelvis and organs of generation have been entirely omitted from this work. The author has not entered into an extended discussion of the relative advantages and disadvantages of many methods of treatment, but has written with the belief that a clear description of one justifiable plan of treatment is likely to be of more immediate benefit. We believe the author has written a very practical work, and one which will be found very useful to the young practitioner and student of obstetrics. Its use alone, however, will hardly give that breadth of knowledge which all should possess, but it can be read with considerable advantage by

practice are rendered readily accessible.

#### **SURGICAL DISEASES OF THE OVARIES AND FALLOPIAN TUBES: Including Tubal Pregnancy.**

By J. BLAND SUTTON, F.R.C.S., Assistant Surgeon to the Middlesex Hospital, etc. With 119 engravings and five colored plates. Philadelphia: Lea Brothers & Co.

The surgical treatment of diseased ovaries and Fallopian tubes has become so established a procedure that the general practitioner, under whose care these cases usually first fall, should be thoroughly able to diagnose cases demanding surgical interference, and having so done, give the proper advice as to the conduct of the case. The vast experience of Dr. Sutton in this special<sup>o</sup> line of work has rendered him especially adapted to give the medical profession an eminently practical work on this class of diseases. The book is compact, well illustrated, and remarkably free from egoism, which is far too frequently a prominent feature of books on gynecological surgery. Unusual care seems to have been expended in the preparation of the illustrations, which go far towards rendering plain the descriptions in the text.

#### **TRATTATO ELEMENTAIRE DI FARMACIA GALENICA GENERALE.**

By GIOVANNI CANDUSSIO, pharmacist. With nearly one hundred illustrations in the text. Parenzo, Istria: Gaetano Coana, publisher. Price eight lire.

This elementary treatise on general Galenical pharmaceuticals is a work of some four hundred pages, and evidently intended as a practical hand-book on that subject. The lack of such a manual in the Italian language induced the author to write the work, thereby believing that he would fill an actual want. He divides his work as follows:

1. Pharmaceutic and physio-chemic operations.
2. Galenical preparations.
3. Hints and rules on the compounding of prescriptions, arrangement of a pharmacy, and preservation of drugs.

of importance is neglected. The writer has ably succeeded in producing a practical manual.

F. H. P.

#### DISEASES OF THE URINARY APPARATUS—PHLEGMASIC AFFECTIONS.

By JOHN W. S. GOULEY, M.D., Surgeon to Bellevue Hospital. Published by D. Appleton & Co., New York, 1892.

The book consists essentially of twelve lectures, delivered during the autumn of 1891, and published in the *New York Medical Journal*. As lectures to a class of students we are of the opinion that they constitute a thorough and painstaking course, but we do not regard the work as one likely to have a large circulation among practitioners. As a text-book upon this subject it possesses undoubted merit. The publishers have made a very convenient volume of the work.

#### THE YEAR-BOOK OF TREATMENT FOR 1892: A Critical Review for Practitioners of Medicine and Surgery.

Philadelphia: Lea Brothers & Co., 1892.

The annual appearance of this book is now eagerly looked for by the physician who is desirous of keeping abreast of the times. In it is to be found a résumé of the work of the year. In regard to the discovery of new remedies there has been less to record this year than in some former years, the chief new discoveries belonging to the class of antiseptics, antipyretics, hypnotics and analgesics. We believe every physician should invest in this book each year. The valuable information it imparts will repay many times over for the small amount of money invested.

#### CANCER AND ITS TREATMENT.

By DANIEL LEWIS, A.M., M.D., Ph.D., Surgeon to the New York Skin and Cancer Hospital; Professor of Surgery (Cancerous Diseases) in the New York Post-Graduate Medical School. Published by Geo. S. Davis, 1892.

Dr. Lewis, because of the positions he occupies, has exceptional opportu-

subject. We are not ready to accept all of his conclusions, notably the frequent metamorphosis of innocent into malignant growths, but as this is a still *sub judici* his observations may be taken as furnishing statistics upon this moot point. The book is largely the outcome of the author's personal observation, and therefore adds an additional interest to the volume.

The volume is published as one of the "Physician's Leisure Library," and the price (twenty-five cents) is within the reach of all.

#### THE EFFECT OF TRACHELORRHAPHY UPON PARTURITION.

Anna M. Fullerton reports two cases in which the first stage of dilatation was so prolonged and attended with so unusual a degree of suffering because of previously performed trachelorrhaphy, as to cause her to question the wisdom of the procedure. The removal of large portions of tissue from a greatly hypertrophied cervix cannot but result in the absence of sufficient tissue to respond to the requirements of dilatation during delivery. The author urges the necessity for greater thought, on the part of the average obstetrician, to the management of the first stage of labor. An exact knowledge of the size of the pelvis, the relative size of the child, the extent of ossification of the fetal skull, the position and presentation of the fetus, the degree of extension or obliquity of the fetal head when it presents—may all suggest methods of management which may avert the danger to the integrity of the cervix. — *Amer. Jour. of Obstetrics*.

#### PUBLISHER'S NOTICES.

FOR SALE—A good established practice and eight-room residence in a town of three hundred inhabitants, for sale cheap. Within twenty miles of Cincinnati. No other physician within five miles. Correspondence solicited. Address, F. M. ANDERSON, M.D., Newtonville, O.

## FROM CURRENT MEDICAL LITERATURE.

### A NEW METHOD OF PRODUCING LOCAL ANÆSTHESIA.

Dr. Wiesendenger describes in the *four. für Zahnheilkunde* a new method of producing anæsthesia by the application of cold, the characteristic feature of which is not the cold-producing agent which touches the desired part, but a metallic tube or chamber which is cooled by carbonic acid. The cold may, according to the requirements of the case, be regulated from the temperature of cold water to one sufficiently low to cauterize. The first symptom of this artificial cold is anæmia of the cellular tissue, producing a slight sensation of burning, which is followed by anæsthesia, which lasts from one two minutes and then disappears without any ill effects.

As the instrument may be manufactured of almost any shape, it is evident that this new method may be used for a variety of purposes. The simple turning of a tap will regulate the stream of carbonic acid to any degree of temperature down to 4° F. No moisture is produced. In using this cold for the purpose of cauterizing, the surgeon has the advantage of producing anæsthesia at the same time. When applying it to any of the internal cavities, such as the mouth, it is necessary to have the parts carefully dried, as the tissues would otherwise adhere to the instrument. Dr. Kummel applied the method in the case of a boy in the Maria Hospital at Hamburg with such complete success that the boy looked on without moving a muscle while a deep incision of twelve centimetres in length was made in his thigh.

Other gases which can be brought into a fluid state may be used in place of carbonic acid. The carbonic acid which has been used for purposes of anæsthesia may be led into a vessel which has been tested to a pressure of three atmospheres, and is provided with a

valve. The flow of gas is regulated by acid at a pressure of fifty atmospheres is sufficient for fifty operations. This can be bought for four or five shillings. The instrument for the application of cold to the tissues costs thirty shillings. — *The Lancet*.

### ANOTHER CASE OF A RAMROD THROUGH THE BRAIN.

An Australian journal gives the following case, which is nearly as remarkable as the crow-bar accident to Mr. Phineas Gage:

“Robert Campbell, a young man connected with the postal department, was admitted to the Melbourne hospital, with a pistol ramrod through his brain. The story of the accident is that Campbell was out shooting with a muzzle-loading pistol. While he was ramming home the charge the weapon exploded, and the ramrod, which was composed of fencing wire, with a lead plug at the end made by the victim, was sent through his cheek across the eye, and came out at the top of his head. Dr. Harris stated that when the man was admitted to the hospital it was found that the ramrod had passed through his cheek, on the left side of the nose, into the infraorbital plate of the superior maxilla, right through the eye, going in its course through the superior orbital plate of the frontal bone, the brain, and coming out at the top of the skull, about the middle of the internal portion of the parietal bone. The wire portion of the ramrod was sticking out of the skull about six inches. Dr. Charles Ryan, assisted by Dr. Harris, trephined the skull, having first cut off the wire. When the bone was removed, the leaden base came with it, and the eye, which had been completely destroyed, was taken out. Antiseptic lotion was then syringed through the eye-socket, along the course the ramrod had taken, and by this means the wound was well washed. The night after the admission of Campbell his temperature was about 110° Fahrenheit; but during the next four days it came

# THE ARTIFICIAL PRODUCTION OF ABSCESSSES IN PNEU- MONIA.

L. Bard (*Lyon Méd.*, April 17, 1892) reports a third case in which the artificial production of an abscess by the subcutaneous injection of essence of turpentine (see *Epitome*, March 12, 1892, par. 233, and April 23, 1892, par. 370) in a bad case of pneumonia was followed by resolution and ultimate recovery. The patient was a man, aged forty-nine, who had been suffering from pneumonia of asthenic type for nine days. As there was no appearance of resolution, and the patient was very weak and was steadily losing ground, three-fourths of a cubic centimetre of essence of turpentine was injected into the arm. The temperature fell the same evening, rising again the next morning in response to the local inflammatory reaction following the injection, and then gradually falling to normal. The patient's general condition showed marked improvement as soon as the suppurative process began, resolution took place, and the patient left the hospital completely cured.

Bard points out that the case shows that the method is unattended with danger; his patient was in a state of grave adynamia with albuminuria and extensive atheroma of his arteries, yet no untoward effects followed the injection.—*British Med. Journal*.

DR. PILLER—"I'd like to get a few mottoes to hang up in my reception-room. You know my patients sometimes have to wait quite a while for their turn, and they might as well be studying some improving sentiment."

Dealer—"Yes, sir. Would you like something like 'Prepare to Meet Thy God?'"

SUBSCRIPTIONS to LANCET-CLINIC may commence at any date.

G. Reid, M.D., Medical Officer of Health to the Staffordshire (England) County Council, reports the following cases in the *British Med. Journal* for April 2, 1892.

The cases in question—seven in number—occurred within a period of two months in various houses in different parts of the parish of Church Eaton, and, with one exception—the last case that occurred—all the patients were, in one way or another, in daily communication with a farm house (the Church Farm) in which Cases IV, V and VI occurred. The following are the circumstances attending each case:

*Case I.*—A child, living a quarter of a mile away from the village, in whom the first symptoms appeared about August 20. The mother of the child was laundrywoman at the Church Farm, and went daily to the farm, taking the child with her. Both mother and child were in the habit of taking meals at the farm and drinking the well water there.

*Case II.*—A child living in a cottage near the Church Farm, in whom the fever showed itself about the same time. For some months previously the well belonging to this cottage had been dry, and during that time the family had been in the habit of sending for water to the Church Farm well.

*Case III.*—A young man, living a quarter of a mile away from the village, who worked at the Church Farm, and who habitually took his meals with him to the farm, and drank the well water there. This case occurred towards the end of September.

*Case IV.*—A youth who lodged at the Church Farm and who was attacked a day or two after the preceding case.

*Case V.*—A child, the grandson of the tenant of the Church Farm, who lived at the farm, and who was attacked immediately after the previous case.

*Case VI.*—A young man who worked on the Church Farm and lived in the house. This case followed the previous one very closely.



from the Church Farm. This was the only case that occurred in which the contagion could not be traced directly to the farm.

The farmhouse in question was not directly connected with drains, so that the cause of the fever could not be traced to within the house. The outside arrangements corresponded with those generally found in farm buildings. The well, a comparatively deep one, sunk in the gravel and built in loose stonework (not set in cement, was close to the back door; it was covered over and a pump attached. Within eight yards was the proverbial privy, with the large, foul, leaking cesspit, and, close by, a pigsty, the drainage from which lay on the surface. The house slop water was thrown on to an open channel on the paved yard close to the pump, and discharged into a catchpit, about five or six yards off, into which the manure heap drained, and from which there was an overflow pipe communicating with a cesspool some distance off.

The premises adjoined the churchyard, which, however, at its nearest point was thirty yards distant from the well and on a lower level. With regard to the quality of the Church Farm well water, an analysis had recently been obtained and it was pronounced to be good and fit for domestic use. As, however, no safe chemical standard of purity can be laid down, in order to ascertain whether the quantity of organic matter present corresponded with that in adjoining well waters, I analyzed three samples and found that there was an excess both of free and albuminoid ammonia and also of chlorine in the Church Farm well water as compared with the other two, additions which could only have come from an impure source, namely, soakage from the privy or other collections of filth on the surface.

So far, then, I think we have conclusively traced six of the seven cases to the well water at the Church Farm; for although three of the cases occurred in the farmhouse itself, and it might therefore be said that two of them had

contradicated by the fact that only a few days had elapsed between the appearance of the disease in the three patients.

From whence, then, was the specific contagion introduced into the well? It was said that some years previously cases of "low fever" had occurred from time to time in the village, but for four years, with one exception, no illness of that nature had been heard of. To this exception it would seem the cause of the outbreak in question is to be attributed. In the autumn of 1890, twelve months previous to the subsequent outbreak, two cases of enteric fever occurred, one (imported) in the Church Farmhouse, and the other in a family whose milk supply came from the farm. From this time until the occurrence of the cases just reported, no case of enteric fever had been heard of in the neighborhood.

To summarize the facts just related. After an interval of four years, during which time no cases of enteric fever had been heard of in the neighborhood, a case was imported into the village, and gave rise, in all probability, to a second case. Twelve months then elapsed, and seven cases then occurred in five different houses within a period of two months, six of these, if not the seventh, being directly connected with the farmhouse in which the imported case occurred a year before.

Was the second outbreak connected with the first, and, if so, why the long interval between the two? Had the interval between the original case and the second outbreak been shorter, one could easily have understood the connection, considering the proximity of the well to the privy cesspit, into which, no doubt, the discharges from the first case had been thrown. As, however, twelve months elapsed between the two, if we are to look upon the second outbreak as the outcome of the first, the contagion in the interval must either have lain dormant, or it must have taken that time to travel from the cesspit to the well, which is hardly likely, seeing that the one was so close to the

I venture to suggest that its sudden occurrence was the result of renewed vitality and not of evolution; that, in fact, the specific virus remained for twelve months in a dormant state until conditions favorable to its development were present. In any case, the outbreak is an instructive one, as showing how impossible it is to arrive at a conclusion regarding the safety of a water supply upon chemical evidence only.

#### URETHRAL CARUNCLE.

Christopher Martin, writing in the *Birmingham Medical Review*, thinks this neoplasm has hardly received the attention it deserves. He classifies it among the vascular tumors. It is exceedingly doubtful whether the connection between the majority of causes usually assigned to it and the disease is more than accidental. On the other hand, he thinks it is likely that in many cases the exciting cause is a highly acid or irritating condition of the urine. Uric acid is peculiarly responsible for many cases. At the end of each act of micturition a drop of highly concentrated urine loaded with sharp crystals is left at the meatus. The crystals settle on the mucous membrane, and possibly lodge in the glandular crypts which are so abundant there, and the repeated irritation of their presence determines the new growth. This irritation is partly mechanical, partly chemical. Whether or not it actually causes it, certain it is that, after the growth has developed, a highly acid urine passed frightfully aggravates the patient's sufferings.

The great symptom is pain. The suffering is out of all proportion to the size of the growth. The distress is present on walking, passing urine, during coition or at any time the parts may be impinged upon. The diagnosis is made complete on inspecting the ex-

meatus. It is very soft and friable, and bleeds readily on manipulation. If carefully prepared sections of a caruncle are examined with a moderate power, the growth is seen to consist of very numerous and widely dilated capillary loops imbedded in a delicate connective tissue stroma.

The treatment consists in the complete removal of the growth. The patient is anesthetized and placed in the lithotomy position. An elliptical incision is made in the mucous membrane of the vestibule around the meatus, and about one-sixth of an inch distant from it. By means of fine scissors this incision is deepened, and the entire lower end of the urethra, for about one-third of an inch of its extent, is separated from the surrounding tissues. The piece of the urethral canal thus isolated is gently drawn down and removed by a snip of the scissors. The edge of the divided urethral mucous membrane may then be united to the edge of the divided vestibular mucous membrane by a few sutures, or the raw surface may be allowed to granulate. Cicatricial stricture may be prevented by the regular passage of a soft bougie. If a stricture should form it may be easily remedied by slitting the urethra up for about a third of an inch.

The prognosis as to the likelihood of recurrence after removal should be guarded.—*Northwestern Lancet*.

#### THE VALUE OF MASSAGE HISTOLOGICALLY DEMONSTRATED.

The favorable results from the use of massage are too well-known to need repetition. True, the method has its limitations, and a disregard of these has led to some unsatisfactory experiences, but when judiciously employed it has been used on almost every part of the body with most satisfactory results.

Undoubtedly the greatest value of

conditions have been due to a stimulation of the circulation and absorption, but its exact action had not been demonstrated until Dr. Castex reported the results of a series of careful experiments to the Society of Biology of Paris, at a recent meeting.

The question Castex sought to answer was as to what scientific explanation could be offered for the results obtained by massage. Castex proceeded to produce a variety of traumas upon large dogs, such as sprains, contusions, luxations, etc. The injuries were always made symmetrically—that is similar injuries on two corresponding parts. The one part to be massaged and the other treated otherwise. Both the immediate and ultimate obvious results were carefully studied; and finally, the muscles, both massaged and not massaged were carefully examined microscopically. The nerves and blood-vessels in the region of the traumatism were also examined. The entire course of experiments extended over a year.

The immediate results of massage were a lessening of pain and a diminution of swelling. The later results were chiefly an absence of ultimate atrophy of the parts. The dislocated shoulder of a dog which had been massaged, ultimately measured thirty centimetres in circumference, while the opposite shoulder which had been similarly injured but not massaged, measured only twenty-eight centimetres.

The histological examinations of the parts yielded most interesting results. The muscles of the traumatized region on the side that had not been massaged showed: first, a dissociation of the muscular fibres, well marked by longitude striæ; second, a hyperplasia of the neighboring connective tissue; third, a slight enlargement of the muscular fibres; fourth, the sarcolemma was usually found intact. On the contrary, the muscles of the traumatized region of the side that was massaged were entirely normal. The vessels on the non-massaged side showed evidences of a hyperplasia of their outer walls, and the nerve branches near the injury were irritated and gave evidences of peri-

neuritis and endoneuritis. On the side massaged both arteries and nerves were normal. These results were found to be constant.

Dr. Castex's experiments are of sufficient importance to awaken the interest of every practitioner, especially those who have made use of massage with unsatisfactory results; and they certainly deserve supplementing and extension by other investigators.—*Times and Register*, May 7, 1892.

#### EXTRACTION OF EXTENDED ARMS IN BREECH LABORS.

Greater manual dexterity, with surer promptness of action, is demanded in a difficult breech extraction than in any obstetric emergency commonly encountered. We dare not waste time with half-way measures during the few minutes which determine the life or death of the child after the birth of the lower part of the trunk. With a relatively large fœtus or a relatively small pelvis, the trunk partly delivered, the arms stretched upward, the elbows below the inlet, and the head extended, the key to the situation lies in fetching the elbows below the brim. Once drawn into the cavity of the pelvis, the elbow is readily brought out. When the accepted methods fail to free the dead-lock, as they often do, I have succeeded with the thorough-going manipulation here described.

The text-books imply that traction on the body will always draw the elbow of an extended arm into the pelvic cavity within reach. This I deny. And if the elbow is not below the brim and a hand is slipped beneath the child into the vagina and a finger hooked over the humerus, that bone is supported at one end by the shoulder joint, and at the other by the pelvic brim, and traction will break the bone before the arms can be liberated.

The method that has succeeded in a considerable number of cases in my hands, after failure of other methods, has been the following:—

1. Twist the child's body so that the shoulder lying nearest the sacrum is carried toward the sacrum.

forward until the scapula is felt. This drags the elbow down near the brim.

3. Slip in two fingers (or the flat hand) well forward under the pubic arch and reach along the child's humerus to the elbow.

4. Push the arm across the face, and then sweep it down to the chest and across it, and out of the vulva.

5. Rotate the body to bring the remaining shoulder back toward the sacrum, and the liberated arm under the symphysis.

6. Slip the fingers of the other hand under the pubic arch and along the child's arm, and attempt to sweep the elbow past the face.

6a. *At the same time the other hand on the suprapubic region must push the occiput in the opposite direction*, so that the head turns on the neck, and elbow and face go over together.

This last manœuvre is the one to which I wish to draw attention, as all the other steps are well-recognized methods.

The arm "jams" between the projecting face and the projecting promontory unless the external assistance is employed. The greater the force used to push the elbow across the face, the greater is the resistance unless such external assistance is called into play.—  
R. L. DICKINSON, M.D., in the *Coll. and Clin. Record*.

#### FEEDING OF INFANTS IN FRANCE.

A recent legal enactment in France prohibits the giving of any form of solid food to infants under one year of age without the authority of a prescription from a qualified medical man. The employment of the rubber-tube nursing bottle is also forbidden. Two hundred and fifty thousand infants die in France every year, and it is claimed that one hundred thousand of this number could be saved by intelligent care. The passage of this law is due in great measure to the efforts of the recently organized

## HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending May 27, 1892:

WARD.	Measles.		Scarlet Fever.		Whooping Cough.		Diphtheria.		Croup.		Typhoid Fever.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....					2							
2.....	2		1									
3.....							1					
4.....	6						3					
5.....												
6.....												
7.....												
8.....	1				1							
9.....							1					
10.....												
11.....			1				1	1				
12.....	1		1								1	
13.....							1	1				
14.....				1								1
15.....	1		2									
16.....	1						1	1				
17.....												
18.....												
19.....							1					
20.....												
21.....			1				2					
22.....	2				1		1					
23.....	4				1	1					1	
24.....			1									
25.....												
26.....							1					
27.....												
28.....							2					
29.....												
30.....	1											
Public Institutions.....							1					
Totals.....	19	7	1	4	1	16	4				3	1
Last week.....	23	20	3	5	2	20	4				7	

#### Mortality Report for the week ending May 27, 1892:

Cerebro-Spinal Meningitis.....	1
Diphtheria.....	4
Enterocolitis.....	2
Scarlet Fever.....	1
Typhoid Fever.....	1
Whooping Cough.....	1

Gastro-Enteritis.....	2
Heart Disease.....	5
Liver Disease.....	2
Nephritis.....	2
Peritonitis.....	2
Pneumonia.....	8
Other Local Diseases.....	17-42
Deaths from all causes.....	89
Annual rate per 1,000.....	15.43
Deaths under 1 year.....	21
Deaths between 1 and 5 years.....	6-27
Deaths during preceding week.....	92
Deaths for corresponding week of 1891....	108
Deaths for corresponding week of 1890....	118
Deaths for corresponding week of 1889....	106

J. W. PRENDERGAST, M.D.,  
Health Officer.

## THE STERILIZATION OF INSTRUMENTS.

We have excluded chemicals, and also dry heat, and the next question is the employment of moist heat. Of course you understand that there are certain things that we may require to sterilize that will stand moist heat, and certain other things that will stand dry heat better than moist; but if the moist heat can be used, it is the quickest and most effective means for accomplishing sterilization of which we have any knowledge. Moist heat may be applied in two ways: by boiling, that is, by placing the instrument in a water bath heated to the boiling point, or by the use of what is called the steam sterilizer, by the use of which the moist steam, passing over the instruments, accomplishes the sterilization; this latter method is quicker and more effectual than the ordinary boiling, and is more applicable to a wide range of instruments. The common apparatus for applying moist heat, when of steam and not of boiling water, is a grating upon which the instruments are placed, and a vessel running up and around the instruments, forming a retaining-wall for the steam, having a loosely-fitting cover to put the steam under slight pressure.

The very best apparatus for the application of steam heat to instruments that I know of is the Arnold steam sterilizer. I know it is not usual to

but this apparatus has decided advantages over any others, and it can not be spoken of without using the name; its perfections have been recognized not only here but in Europe, where it is now being copied, the manufacturers having stolen the model without giving credit to the inventor. It consists, roughly speaking, of a reservoir that comes immediately over the flame, into which is put only a thin layer of water. When the water has been turned into steam, it passes up into the chamber and over the instruments, then through the holes in the loosely-fitting cover, where it is retained by the outer hood or jacket, and becoming condensed drips down the sides again into the reservoir next to the flame, where it is again converted into steam. It does not allow any steam to escape into the room, so could be placed wherever most convenient. I have had one of them in my laboratory heated to nearly 110° C. without anybody realizing that there was any steam on at all, and by its use the destruction of the moist virulent organisms that you could place upon your instruments can be thoroughly completed in about twenty minutes after the steam circulates.

The objections that have been raised against steam sterilizing are, that it rusts the instruments, and that there is a possibility of injuring the temper of the more delicate. As far as injury is concerned, I have not seen it occur in my experience, and I believe there is no ground for such objection. With regard to the injury to the polish or the rusting of the instruments, unless they are taken out and allowed to cool before drying, there will be little trouble of this kind. It is the quick cooling and not the application of the steam, that injures the polish of the instrument, and if they are dried quickly after being removed, little danger need be feared from rust. I have thought over the thing a good deal, and considered carefully what I should recommend to you to-night, and I concluded that it would be impossible for me to tell you of any better method for sterilizing

instruments can be placed, either in glass jars or in wire baskets. The glass jars seem to be more desirable and for this purpose the ordinary marmalade jars that we get from the grocer could be utilized, placing a little cotton wool in the necks after you had put in your instruments. After heating, the instruments could be easily removed and thoroughly wiped, and the sterilization be completed quicker and with less possibility of injury to the instruments than of any other method I know of.—  
 PROF. H. C. ERNST, in *Odontographic Journal*.

#### A CURIOUS RESULT OF AN OPERATION FOR CONGENITAL HERNIA.

The contents of hernial sacs as revealed by operation are of the most varied description, but a remarkable

one was seen by J. B. Jackson, M.D., of New York, one day, for the relief of a congenital hernia. The patient was a young man, aged twenty, for whose condition it was suggested to perform the radical cure. In the course of the operation the hernial sac was found to be empty equally with the inguinal canal. But to the posterior wall of the sac was attached a triangular-shaped body; this was drawn outwards and removed, and the skin wound closed. Convalescence was established at the end of ten days. On a subsequent examination of the part removed the following curious facts were revealed: there was a double-horned uterus, the cavity of which was lined with ciliated epithelium; a Fallopian tube and a testicle with the epididymis and vas deferens; a large ligament enclosing and supporting these two organs. The patient in other respects was a well-formed man, despite the fact that he was born with a uterus.—*Medical Press and Circular*.

**TO WHICH THE ESPECIAL ATTENTION OF THE MEDICAL PROFESSION IS CALLED, ARE THOSE WHICH FOLLOW LA GRIPPE AND ITS ALLIED COMPLAINTS. A "BROCHURE" CONTAINING THE PATHOLOGICAL AND PHYSIOLOGICAL ACTION OF ANTIKAMNIA, ALSO ITS USE IN GENERAL PRACTICE, WITH SAMPLES IN POWDER AND TABLET FORM, SENT FREE ON APPLICATION. ADDRESS: THE ANTIKAMNIA CHEMICAL COMPANY, ST. LOUIS, MO., U. S. A. WHEN PRESCRIBING ANTIKAMNIA, SEE THAT THE GENUINE IS DISPENSED, INSURING THE DESIRED RESULTS.**

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LXVII.

## CONTENTS.

### ORIGINAL ARTICLES.

- THE SUCCESSFUL TREATMENT OF SCIATICA. By James M. French, M.D., Cincinnati. 773
- REPORT ON OBSTETRICS AND GYNECOLOGY. By E. S. McKee, M.D., Cincinnati. 779
- Closure of Vesico-Vaginal Fistula by Transplantation of the Bladder Wall.—Sterility in the Married.—  
• Amputation of the Breast for Malignant Disease.—  
Total Extirpation of the Uterus for Large Fibroid Tumor. 783

### SOCIETY REPORTS.

- ACADEMY OF MEDICINE.  
Meeting of May 24, 1892.  
Discussion on the Successful Treatment of Sciatica. 787

### EDITORIAL.

- THE THIRTY-FIRST ANNUAL REPORT OF THE CINCINNATI Hospital. 794
- EDITORIAL NOTES. 795

### TRANSLATIONS.

- PARISIAN MEDICAL CHIT-CHAT. By T. C. M.  
Autopsy of Richelieu.—The Writer's Style Evinced by the Goose-Quill he Uses. 789

### THERAPEUTIC NOTES. By F. H. Pritchard, M.D.

- Aristol in Chronic Dysentery. 783
- The Peroxide of Hydrogen in Purulent Cavities and Fistula. 787
- Sulphur in the Treatment of Chlorosis. 789
- Antiseptic Treatment of Parasitic Skin Diseases, and Especially Alopecia Areata, with Chinese Oil of Cinnamon. 791
- Glycerine in the Treatment of Gall-Stones.—Treatment of Actinomycosis by Carbolic Acid. 792
- Ichthyol in Acute Peritonitis.—Maggots in the Nasal Cavity Simulating Meningitis. 798
- Chronic Catarrh of the Small Intestine. 796

### SELECTIONS.

- Death During Anesthesia. 796
- Tuberculocidin: A Remedy for Tuberculosis. 797
- Treatment of Pleuritic Effusions. 798
- The Use of Drugs in Diarrhoea; Indications for Alkalies, Acids, Astringents and Opiates. 799
- Diagnosis and Treatment of Gastric Disease.—The Salts of Strontium. 800
- Fracture of the Ischium during Labor. 801

### MISCELLANY.

- Report of the Health Department of Cincinnati. 801
- Physical Hygiene and the Bicycle. 802
- Accident during Abdominal Section.—Cultivation of Erythroxyton Coca. 804

# A VALUABLE AGENT.

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**N. Y. MEDICAL RECORD.,**

January 9th, 1892.

"THE PURITY OF APOLLINARIS OFFERS THE BEST SECURITY AGAINST THE DANGERS WHICH ARE COMMON TO MOST OF THE ORDINARY DRINKING WATERS."

**LONDON MEDICAL RECORD.,**

**From Time Immemorial** up to the day when advanced pharmacy gave us improved preparations, physicians complained of the imperfect nature of their medicaments. "To-day inert and to-morrow toxic," said an eminent therapist, "how are we to depend upon these drugs when promptness and certainty of action are pre-requisite?" The speaker referred to inexact preparations, made without testing their strength and soundness.

**In Previous Notes** we have characterized, as follows, the requisites of a well-made pill:

- PURITY of medicaments and excipients.
- PRECISION as to weight and division.
- PERFECT UNIFORMITY as to activity and identity.
- PROMPT SOLUBILITY of mass and coating.
- PERMANENCE as to conservation.
- PALATABILITY; and ELEGANCE of appearance.

**Perfect Uniformity** as to activity and identity is largely dependent upon the two points in the above list—purity and precision—which immediately precede our present theme, and to them we have referred in other notices. Purity aids in securing uniformity as to activity, for unsound materials are subject to progressive chemical changes which give rise to wide variations in strength. Uniformity as to weight is to be obtained only by using the greatest care in mixing and dividing the pill mass. Stability is so important a factor, not only in securing uniformity, but for still more obvious reasons, that we will refer to it in a future note.

**Meanwhile** we ask attention to the following preparations, which, with many others in our list, will be found to realize the conditions we have described. Among the pills here cited are some useful preparations for this season:

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**Original Articles.**

**THE SUCCESSFUL TREATMENT  
OF SCIATICA.**

WITH REPORT OF CASES.

A Paper read before the Academy of Medicine,  
May 24, 1892,

BY

JAMES M. FRENCH, M.D.,  
CINCINNATI.

I wish to lay before the Academy this evening an analysis of the successful treatment of three cases of chronic sciatic neuralgia, and I think that this may be more interesting than a dissertation on sciatic neuralgia in its acute stage, because we have all of us, most likely, met with acute cases that have terminated favorably, though perhaps the treatments employed may differ widely. I have met with such cases, and have come to the conclusion that they would frequently get well if the only medicine administered was sugar of milk; nature herself, aided by rest, expelling the poisons that give rise to the pain from the system. In several such cases I have found that the patients had a fondness for gratifying their palates at the expense of prudence, with articles of diet made tempting by the cook's art, but which were of small nutritive power, and were doubly undesirable, because they stimulated the appetite to an extent beyond the proportionate powers of the digestive apparatus. There is small art or science required in the treatment of this variety of neuralgia, but when we find a pain that is almost always present in varying intensity, and which is not attributable to any such hurtful self-gratification, we must go further in

the investigation of the cause of the trouble; we must carefully study the general condition of the patient, and endeavor to recognize the pathological condition of any organ which may prohibit the use of drugs that might seem to be rationally indicated. Of course, every chronic case of disease must have its origin, except, indeed, it be congenital, and have not been remedied by developmental changes, in which case we may say that the patient could never be looked upon as physically perfect at any time; he is a degenerate specimen of humanity.

But to come to the subject under consideration: I have reason to think that most cases of neuralgia of a chronic variety originated in a pain which was not of that severe character which demands relief, or else, as it is sometimes said, our patients will go frantic; but rather was bearable without any great effort, although it made one conscious of its presence continually, gradually increasing in severity, and, developing in almost every case a paroxysmal character, it finally compels the sufferer to seek relief, however unwilling he may be to take medicine and to pay doctors' bills. Such cases are generally by no means easy of cure, and the recovery is usually notably slow, its tediousness being usually proportionate to the length of time that has elapsed from its commencement until the beginning of treatment.

The anatomy of the nerves themselves is almost wholly of physiological importance; we must necessarily encounter them in general dissection, and of course we must, to practice medicine intelligently, know where to look for any nerve that is usually found in the economy; but their regional anatomy is not of that character that invites the

attention of the busy general practitioner so readily in the arteries, muscles and bones, because a traumatism of any nerve usually involves some of the structures I have just enumerated. So that I will not deal with the description of the anatomy of the nerves, but pass on to the consideration of the general pathology of the cases I am about to quote, first glancing at the etiology of neuralgia—that is, its cause.

First of all, I should mention the possibility of mechanical irritation, either at the site of the pain or at a point remote from it; such might be caused by the pressure upon a nerve trunk of some foreign body retained beneath the integument, by an aneurism, by the growth caused by syphilis from the bony structure, by an indurated gland, painless in itself but pressing upon a nerve in its vicinity, or by an intra-cranial tumor or a gummatous product within the brain. A case has been put upon record in which a lady applied to a surgeon of eminence with a view to having a part of a nerve in her arm, I think, excised; she had been referred to him by a provincial practitioner, who had tried to relieve her in vain. The surgeon removed the fragment of a splinter from over a knuckle of one hand; it had entered years before, the lady remembering it perfectly, and had been almost wholly extracted, but a fragment had remained and caused all this severe pain. Only a week or two ago a man told me that he had removed from his leg a splinter of an inch length that had been there for some years without giving him any uneasiness, except when he pressed upon the spot, when it would prick him indistinctly; ultimately a very slight suppuration occurred, and he removed the splinter. So that the pressure of such an irritant beneath the integument without exciting a great amount of attention to itself may be quite possible.

After this I am inclined to think that in every case, except those due to a strain upon the mental faculties exceeding their capacity, neuralgia is due to anæmia caused by some circumstance or element of disease. As to neuralgia

due to an overtaking of the mental powers, I may mention a case that I once saw of the most distressing and inveterate character, where the globes of the eyes and the orbital regions were involved. It occurred in a young girl of about nineteen, and was due to hereditary syphilis. We sent the case early on to Mr. Jonathan Hutchinson, who gave quite a grave prognosis, although he tried a remedy. The girl was then employed as a domestic in a family who made some exactions upon her in regard to her manners and personal appearance, and then she suffered quite frequently and severely. They were very kind to her, but after a time she left them, saying that she needed rest; she went home to her people, and seemed to be quite content to remain in a state of poverty and obscurity, being well satisfied with the poor remuneration she gained by picking hops and such simple employment. She seemed literally to be of such feeble physical and cerebral calibre as to be capable only of the lowest order of productive exertion. On her return to this sphere of life her neuralgia disappeared. This condition may be the cause of chronic neuralgia in a young person, and also in those who are in the decline of power caused by advancing years. It is only of value as regards prognosis.

Assuming that anæmia causes neuralgia, one may ask, how does it cause it? I believe by lowering the blood pressure and causing a pathological condition in the sustaining and eliminative organs of the system. Anæmia causative of neuralgia is generally gradual in its advance, and is usually due to some disease which may produce its most serious results by the anæmia it induces. All diseases that run a long or indefinite course, and some that run a rapid or definite course, induce anæmia, and it in turn causes anatomical changes, which render the various parts of the body incapable, to a greater or less extent, of performing their functions properly, adequately; I can not say perfectly, because a perfectly healthy person in mind and body is not always found. Some get on very well

by taking care of themselves, by husbanding their power and avoiding any over-exertion, or if such must be made, by compensating for it as early and as fully as possible. Yet, the man who can do great deeds and yet remain sound and well without displaying any of that cerebral irritability, or peculiarity, so often concomitant with unusual achievements, is not of every-day occurrence. In this day, self-sacrifice, self-denial at the present for the benefit of the future, has often to be practiced, and the body must often be subjugated and subordinated to the intellect, by which a reasonable and wholesome ambition can be gratified. The man of much and mighty strength is less sought for than the man of quick wit and keen energy, of application and ready perception. The man who is wise will always endeavor to preserve his health even though he has to sacrifice his wealth; but even though he strive ever so hard to do so he can not avoid certain imperfections which are the common lot of humanity.

I return to the actual pathological effects of anæmia where it exists to such an extent as to be apparent, either through the sufferings of the patient, to himself, or when some slight, obscure symptom brings it before the practiced observation of the physician. They are: first, hypertrophy of some, rarely, if ever, of all the parts of the economy; this, if it be followed to the end, is succeeded by atrophy, or fatty degeneration, supposing the condition is not altered by judicious assistance. In a rapidly progressive anæmia, such as may be caused by acute malaria, the liver and spleen are most notably affected, and if they be so involved as to be rendered inoperative, of course a fatal result quickly ensues. In an anæmia of slow progress they may be only lightly involved, the hypertrophy manifesting itself in other parts of the economy of less vital importance. As an instance of the latter type, I may cite the case of a man whom I treated for a long time; he worked in a brewery. He was at that time a bloated man of immense girth of arm, of thigh, and of abdomen. A severe delirium

tremens followed, and when he recovered from it and procured some employment that did not induce him to abuse beer, he became, like his brother, a man of spare frame and symmetrical aspect. Here the hypertrophy, sparing the more important organs, had invaded the muscles, the omentum, the subcutaneous fat, the areolar tissue. The anæmia in this case was caused, of course, by the introduction into the system of materials that formed in great abundance the uric acid and the urates—much more of them than could be eliminated through the proper channels—and when once this condition was established it became an integral part of his system, so that it called for a replenishing of its volume, just as a healthy system calls for refreshment of a healthy and reasonable nature.

In the three cases I am about to relate I acted upon the theory that anæmia underlay the symptoms, both objective and subjective. Its progress was quite gradual, and did not appear to have affected any one organ in particular, although, of course, the most prominent symptom was the neuralgic pain, indicating disturbance in the nerve centers, from which the sciatic nerve drew its force. In such a case we may look closely into the patient's general condition, and treat a fellow-mortal and not a disease, and endeavor to ascertain the cause of the anæmia. In all of these the heart, liver, and the digestive tract seemed clearly to be involved. Of course, the heart derives its nourishment from the blood supplied to it by the coronary arteries, and is influenced by the altered condition of the blood in every case of anæmia. While in none of these cases was any symptom of discomfort of the heart expressed, yet I found evidences of irritation and of unsatisfactory, quickened action; let me say that it did not strike the chest wall with sufficient force, and it was easily excited and hurried in its movements. The rapid heart of course means the poorly nourished heart, one reason for it being that the venous blood is not assisted in its expulsion by the complete twisting and contracting movement that should be. Here we see the commencement of hypertrophy of

for the establishment of the *vis a tergo*. The driving power of the great force-pump is diminished; this is the rule throughout the whole of the arterial circulation. Its contractile and elastic tone is lessened; this in itself alone is a prolific source of many conditions which may be termed pathological.

But there is another organ which I found in every one of these cases to be at fault: the liver. To it and its functions I now call your attention. The liver in the human subject is usually divided into five lobes, and the gall-bladder, which are invested by the peritoneum and in what is known as the capsule of Glisson, and this also is carried into its interior in the shape of bands of connective tissue which follow the ramifications of the portal vein. It is the alteration in the structure of these bands of connective tissue, their hypertrophy followed by atrophy, that cause the hob-nail liver of the drinker of raw spirits or the syphilized. Under the microscope we find in the interior of the liver the minute division known as the liver lobules, which are bounded by the termination of the portal vein, hepatic artery and hepatic ducts. They contain within their limits the liver cells which perform the separation from the blood of the elements which, if allowed to remain within the system, must be eliminated vicariously or else serious disturbance will ensue. The hepatic artery conveys to the liver the blood necessary for the maintenance of its structure, and, after dividing into smaller arteries, arterioles and capillaries, loses itself in the venous radicles, vessels and veins which terminate in the hepatic vein and empty into the ascending vena cava. The fact seems to be established that secretion is continuous in the liver, although its activity may vary as greatly as any other function of any other member of the economy. From this fact it would seem that arterial blood contains elements deleterious to the system, although it is of course free from carbon. The statement has been made, and

the heart, to be driven again in the blood to the kidneys, the skin, and sometimes the lungs and liver again. Witness the uræmic cough and diarrhoea. From the fact that the liver is quite active during digestion we may conclude that it is engaged in removing from the supply conveyed by the portal vein of various elements which are either in excess or are in the smallest quantity useful for reception into the system, as well as the elements which give rise to its glycogenic function or the formation of liver sugar, which is burnt up in the lungs.

I need not proceed to give a physiological lecture on the liver. I merely wish to show the delicate organization by which the mechanism of the liver is effected. Yet this depends upon its blood-supply for its support, and if we get a blood containing within it the bacilli of some disease, or the particular cause of some other, as uric acid for example, which take the place more or less of the red corpuscles, how can we expect that these minute structures can fail to suffer, to become impaired and wanting in their action, so that they are no longer correct in their structure? Their very existence is imperilled: they are as much impaired as a joint, one bone of which has been dislocated. One fact I should mention here, and that is that the lobules of the liver are by no means constant in their shape: they adapt themselves readily to circumstances, so that they may become elongated or flattened, even without actually becoming wholly inoperative. Their soft, yielding texture appears to be their salvation from the atrophy that might be expected from their hypertrophy that is established by anæmia. Physiologists have shown that a pressure exceeding a moderate or certain amount will drive the lobules before it instead of permeating them, so that an arrest of their function is established and the current to the liver is checked, and if this continue for long a stasis must ensue in the afferent vessels; and it is not until the pressure is removed

considered. The liver has the property of retaining in its substance various elements of an unusual nature that have been introduced into the system in unusual quantity; in cases of poisoning by the minerals, such as arsenic, it is usual to find quantities of the metal or its oxide within the cells of the liver. Once let a perverted blood become established within the system, such as that belonging to the uric acid diathesis, and the liver appears to retain within itself the peculiar element dissolved in a mucous fluid in large quantities. I some time ago had a girl of eleven years of age under my care for the various diseases incident to an acute manifestation of the uric acid diathesis, and in order to relieve the distension of the abdomen, which early showed symptoms of the dropsy that became general, I several times used large doses of calomel, which produced very large evacuations of a sour-smelling fluid, almost colorless, though turbid from mucus, and containing uric acid in abundance.

It would seem that the liver is always anxious to endeavor to collect from the blood, either from its artery or from the portal circulation, elements of a deleterious or hurtful character to the economy; it is the scavenger of the system, and so long as the blood contains sufficient nutritive elements to retain its anatomical structure efficiently, it will make a gallant fight. Not the least important of its depurating functions in relation to the disease under consideration is that of the separation of that crystalline product which is looked upon as the natural waste incident to the exercise of the functions of the nerves, cholesterin, which, after it has traversed the length of the small intestine, is termed stercorin when it enters the large intestine, and is looked upon as a very important element in the maintenance of the peristalsis of the intestines.

Of the action of the bile in the digestion by its emulsifying of fats and in assisting in the conversion of starch

of the constipation due to an anæmic condition has been now fully recognized by able minds.

I shall endeavor to support this hypothesis by the cases I am about to relate, after I call attention to one other very important emunctory—the skin. The exudation from the skin, perspiration, as it is termed, of course varies in quantity and quality in different subjects, who may form in a very different quantity the waste matter which seems to demand an active and competent integument for their elimination. You can replace the functions of the kidneys by those of the skin and purgation. That the skin has functions peculiarly its own is proved by the fact that while a deep burn or scald which may result in the crippling or even the loss of a limb, or even more, admits of recovery, yet recovery is rare from a superficial burn or scald which involves a third of the integument. Death usually ensues from uræmia. Does not this seem to prove that when a third of the integument is rendered impervious, certain poisons are retained within the system, and by their separation by the liver, cause it to secrete a fluid so acrid and corrosive that it causes the ulceration of the duodenum that is so common a sequel to these injuries? I believe that the skin is fitted for this purpose by its peculiar structure, which is kept supple and pliant by the subcutaneous fat that is found in all subjects except those utterly worn out by disease, where these elements would corrode and destroy other organs not so lubricated and assisted by the fatty matter, which could hardly be placed elsewhere, as it is beneath the skin itself. The fat that should be found in the blood appears to be the source from which this fatty secretion is derived, and is not only tolerated but demanded by the skin. It is true we do not find actual subcutaneous fat all over the body, but where it is not found the areolar tissue always contains the liquid elements of the fat.

I have dealt so far with the action

lays the foundation of disease by retaining within the system elements which can not fail to occupy a place within the blood which should be vacant for the occupation of new and inviting elements demanded and called for by a healthy appetite. I believe that if once these waste matters are retained in the system, especially the waste be in excess for a more than transient period, actual chemical action occurs between them and the phosphatic salts that are so essential to the maintenance of nerve force, and that the phosphates so altered are removed in abnormal quantities by the urine. But let the anæmia be set up by the presence of some bacillus, or by the presence of the element of some disease, and it will soon induce, by its rendering inoperative some emunctory, an enfeebled condition of the sustaining apparatus of the economy, and this condition, unless it be improved by the aid of medicine—I do not say drugs—will soon assert itself and proceed to subdue the system that should overcome it. It will not only be present, but will increase with more or less speed, according to circumstances, either objective or subjective, and then we will soon find the symptoms of some disease or another, which may be pronounced and recognized readily, or may be shown by a pathological condition which may not excite much anxiety from its not causing pain or distress. One very usual symptom is a deranged appetite, which in itself is productive of further retrogression. If it is poor, we generally find it has been coaxed by various articles of food that tempt the palate but are often of no value in themselves, poor in nutritive power, mere stimulants; sometimes it is abnormally large, when we find that articles that are equally as valueless, although less stimulating, are consumed in large quantities, tending to form urea and the uric acid in excess, and actually distressing the stomach by excessive demands upon its functions and mechanically impeding the heart's action by the distension of the stomach.

The first one that I cite occurred in a male thirty-seven years of age, of large and tall frame, well developed and symmetrical, the editor of a small paper, and who conducted a general printing-office in connection with his paper. He had been under treatment for two years by several practitioners before I saw him, but had not derived any benefit from their prescriptions. He had, among other things, used one of the formidable-looking electric belts. He had always been a well conducted and industrious man, with no history of any excesses; was married and had several children. He seemed somewhat nervous, and the distress and exhaustion caused by the pain were apparent in his face and manner. The pain occurred in the lines of the sciatic nerve of the right thigh nearly opposite the trochanter. The painful part appeared to be about two or three inches in length. The pain began in a sub-acute form, and had never confined him to bed, but was increasing in severity, and, as he said, "was wearing him out." He complained of his bowels acting uncomfortably, although he had no actual constipation; was generally moderately thirsty and drank a fair quantity of water during the day. His appetite was fair; he did not enjoy his food but ate as a matter of duty, and always tried to make a fair meal. Had occasionally eaten articles which were gotten specially for him as being specially nourishing. The urine, on examination, was found of sp. gr. quite within the limits of health; its color somewhat high, its quantity was satisfactory. His skin was clear, though slightly too dense and rather harsh. The character of the urine was such as to lead me to think that the urates were in excess, although there was no deposit on cooling; it did not exhibit any excess of phosphates; its reaction was acid. His tongue indicated the formation of the secondary acids due to imperfect digestion, and was slightly coated with a colored deposit. The heart was irritated, but not very rapid in its action: it did not strike the chest wall as it

should have done. It gave me the impression of being distressed by the presence of uric acid formations, because its whole behavior was similar to that found in those who have a normal tendency to accumulate uric acid in the system. He had a well-defined history of a rheumatic tendency, but his skin confirmed the impression I had formed. He lived in a district which was slightly agueish, but by no means distinctly malarious—that is, I could find no history of distinct acute malarial attacks in it. I made the diagnosis of sciatic neuralgia due to anæmia caused by miasmatic poison, the more direct cause of his trouble being the absence of the phosphates, which are regarded as being the essential nutritive food of the brain. To remove the accumulation within the liver I gave him four pills containing four grains of calomel, six grains of colocynth pill, and half a grain of extract of belladonna, to take two pills twice a week. At the same time, with a view to replace the phosphates and remove the uric acid, I gave him a twelve-ounce mixture containing 240 grains of sodæ hypophosphite, 240 grains sodæ bicarbonate, four ounces tincture quinine and a drachm of the tincture of the flower of colchicum; to take a table-spoonful three times a day and report in a week; to wear a piece of sponge-fibre over the painful spot, held in place by strips of adhesive plaster. I gave the small dose of colchicum to relieve the irritability of the heart. The quinia I gave for its effect upon the liver, and, to put it in general terms, for its tonic effect. He returned when he was told, and reported himself as feeling better; the pain was still there, but did not overcome him as it did before. His skin seemed to have lost its harshness to some extent, and the urine had become pale. He was directed to continue the prescription, and he did so for several months, with an occasional intermission. He improved steadily but gradually, and in about a month's time he complained that he did not sleep as well as he could wish. I thought he seemed now to realize that his sufferings had been great, and he seemed to think much

more of his trouble than he did when it was more severe. I thought that this was due to the fact that his brain was greatly irritated, and he was conscious of it, whereas before his anxiety to get well gave him something to think of—gave him no time to regard minor troubles. It was an old saying that when a sick person was cross they were getting better, and I think it was borne out in this case. At the same time I could not but regard his discomfort with sympathy, and, indeed, with apprehension, because I feared that did this continue he would become morose and be an altered man as regards what is known as temperament. He seemed to be fully conscious of the pain that was still present to an extent, though he admitted the decrease of its severity. I now used a remedy that has been recommended by Dr. Russell Reynolds in such cases, the extract of Indian hemp. Dr. Reynolds says that in cases similar to the one that I now quote he has found it to give refreshment, and relief of all the symptoms such as I describe. He recommends it to be given in this form: four grains of the extract dissolved in four drachms of rectified spirits; the dose being from five to twenty-five drops on a lump of sugar. He begins with five drops and increases it gradually to twenty-five drops, three or four times a day if necessary, twenty-five drops being the maximum. This means of administration is important, because the resin being carried by the sugar into the stomach is precipitated in a state of very fine subdivision over the absorbent surface, thereby rendering its absorption much more rapid; and the resin has no chance to become inert, as it may do in an emulsion, from the fact that it has been precipitated from an alcoholic solution and invested with an impermeable coating. The Indian hemp was introduced into European practice in 1849 by Dr. O'Shaughnessy, who found it so serviceable in India that he thought to supplant opium and its derivatives by it, but whether the drug deteriorated on the voyage, or whether the effects of climate upon the nervous system rendered Europeans insusceptible to its

Britain from the fact that his results were wholly different from what he had obtained in India. Dr. Reynolds has lately spoken highly of it, and what he says is always reliable. He specifies the extract imported by Squire, of London; and I think this distinction is justifiable, although at first it may seem to be invidious, because much care is necessary in the conveyance of the drug that it may be duly preserved from atmospheric and temperatural influences. It acted beneficially in this case, and when relief was obtained I withdrew it from the patient. It tends to enslave its user, and a person of feeble mental and moral resolution might easily abuse it. My patient made a complete recovery by the use of these measures, supplemented by a very mild galvanic current used perseveringly.

#### CASE II.

The next case was that of a female, thirty-four years of age, who had, when I first saw her, been afflicted for some two months, and the disease, which varied in its intensity, was not improving, but increasing in severity, and was beginning to tell quite seriously upon her system generally. She had been under the care of another practitioner, who had used external applications and some internal remedies, but had attributed the trouble to the uterus, although I could find on examination no reason for such a diagnosis, the only symptom of any disorder of the uterus being a leucorrhœa. I found one very important symptom that would easily explain the anæmia that underlay all the trouble; that was a chronic nasal and pharyngeal catarrh, for which the patient had been treated by a specialist without any other result than temporary relief. The exudation was purulent, profuse, and of very offensive odor. The woman also exhibited a lack of development, due, I think, to the fact that her earlier years had been spent in none too comfortable circumstances; she had apparently been impressed with the idea that she had to work for her living, and she had been sharply urged to be industrious and hustling, in much

public schools were taught now-a-days—that there is no telling to what they may not attain if they only work well at school. For this reason they have, at a very early age, as many points to attend to as sharply as a lubberly recruit who has to have his drill, his attention to his arms, his duty to his officers, and other things that transform him from a lubberly clod-hopper into a smart soldier. The children are worried and excited, so that what they do learn is at the expense of body and brain, and oftentimes makes them little better than intellectual imbeciles. This woman was of a restless temperament, and was needlessly particular about her house and the duties attached to it. She lacked self-control until she had become of such a nervous temperament as to be well nigh what is termed hysterical. Having assumed that the catarrh was a very important element in the cause of the disease, I gave her some mild detergent applications which achieved their object, and I addressed the internal treatment to its relief. She was losing flesh and was quite spare, almost emaciated. She gave a history of severe constipation. The urine was high colored, and I argued from it that it was the result of the decomposition that resulted from the retention of the urates within the system: too many phosphates in it. I thought it advisable to administer hæmatine from the outset, after first relieving the liver of any accumulation that it might contain by a dose of calomel and Dover's powder. For this purpose I gave her five grains of iodide of potassium with five minims of Fowler's solution in a teaspoonful of compound tincture of cinchona with each meal, and as the tongue seemed to be in the condition in which quinine is well borne, two grains of quinine, in pill form, with each dose. This treatment speedily produced an improvement in all the symptoms, catarrhal and otherwise; the constipation disappeared, and the neuralgic pain lessened. At the end of two months the patient was well; she had increased in flesh, and grew into a well-formed and well-looking woman. The catarrh seemed to be greatly benefited by the



could never be wholly eradicated. I recommended her to use a spray of alboline two or three times each week. I used in this case mild galvanism, and when the paroxysms of pain became severe she applied a dry heat by various methods.

It will be observed that I used no hæmatine in the first case, and I did not do so because it has been shown by Dr. Harley that where you have a liver influenced by anæmia, where there is no loss of bulk in the system, in fact, where hypertrophy seems to prevail, hæmatinics, especially iron, are most injurious to the liver, probably because by increasing the force of the blood current they drive before the circulatory vessels the delicate lobules of the liver, compress them in various parts of it, and cause an atrophy of a certain proportion of them. Where there is no increase of volume, and even absence of fat, a suitable hæmatinic may be used, supposing, of course, that some circumstances does not forbid it, such, for instance, as an obstinate anorexia. Iron always demands an efficient vehicle for its administration, and the best is a fair amount of food.

#### CASE III.

The next case is a very interesting one, because it shows that a man is largely what he makes himself, or, in other words, hygienic means are often capable of preventing disease, even of prolonging life. It is true that some men live to a green old age, and have very little suffering, yet do things that would send the average man into the grave before he was fifty years old; so that we must believe that men have, in almost every instance, individualities, physical, mental, and moral, that distinguish them from their fellows, and it would be well for many to restrain the ambition that often gives rise to day dreams disastrous to themselves, sometimes to others. This is sometimes shown in our own profession, especially in surgery. I have met with many who set themselves up as surgeons, thought they were surgeons, and made many others think they were surgeons, yet

ously, and would have done better for themselves and others, in the long run, if they had let active surgery alone. The patient was a Frenchman, a native of Alsace, thirty-six years of age, of spare form and small stature, a very industrious man, of correct moral character; he had, when I saw him, been suffering for some two years, at intervals. He had been treated by a practitioner in this city who relied for the relief of the pain upon hypodermic injections of morphia. These gave temporary relief, but always made him vomit bile on the day succeeding their administration. When I saw him I found him at home, unable to walk, or even to move without intense pain. He begged me to give him a dose of morphia, which I did, and he soon obtained relief. When I next saw him he had no paroxysm of pain, but was suffering. I now urged him to undergo a systematic course of treatment, and gave him a favorable prognosis, but told him he must have patience. I had attended his wife for some time previously, and she added her advice to mine. On making an examination I found every physical condition which indicated that the system was saturated with uric acid. He gave a history of dyspepsia, of obstinate constipation, of a capricious, almost depraved appetite, and it had long been told him by his relatives that he did not eat enough, either in quantity or quality, to keep him well. Those who have seen a Frenchman at dinner, with his thin soup, his potato-salad and oil, with its meagre accompaniment of meat, and its supplement of light wine, will readily perceive the influence of this kind of diet upon the system, which results in making that temperament so markedly different from the more solid, and perhaps duller, psychology of those nations using a more nitrogenous line of diet. In this we find the explanation of the large preponderance of apoplexies and neuropathic symptoms found in France and in those who retain the customs of their native land, though they have emigrated to other climes. In the case of this man I found at this time an utter absence of appetite for even these

had risen up in protest against this burden of uric acid, and had called for at least a rest from it. His tongue was small, thin, pale, and its surface looked almost scalded. I should not, had I seen this case earlier, have used the morphia, but as it was I found it necessary to continue its use for the relief of the paroxysms, occasionally; for the paroxysms occurred time and again, attacking him suddenly and so severely as to render him incapable of movement; so much so that I found him one day in a half-kneeling position by the bedside, and it was not until a dose of morphia had abated its severity that he could bear to be moved to bed. I began with a dose of two grains of calomel to clear out the liver. To remove the uric acid and at the same time to replace it with the phosphoric, I gave him the phosphate of ammonia, extemporized by dissolving three grains of carbonate of ammonia in fifteen minims of diluted phosphoric acid. I told him to take something at meal times, however little it might be. His breakfast generally consisted of hot water, a slightly-cooked egg, and bread and butter, and his dinner of soup with bread. By supper time he could generally eat something better; a small quantity of ham was his favorite. At the same time he took two teaspoonfuls of lemon juice in water, sweetened, three times a day. The power of lemon juice in supplying the blood with alkaline elements has been proved by the fact that the daily use of two teaspoonfuls of it on board ship has banished scurvy from the seas. By the use of these means my patient had much improved in two weeks, and then I felt anxious to try to improve his appetite, because I looked upon his stomach as being atonic, mainly from want of work. I encouraged him to try and make a heartier meal, using, if he could not eat anything more substantial, plenty of bread a day old with an abundance of butter. Bread pudding made from stale bread crusts, milk and eggs, proved acceptable to him, and he could usually consume an egg or two at meal times. With this I felt justified in giving him some hæmatinic, and

palatable nature: the syrup of lacto-phosphate of iron with lactopeptine, after meals. His bowels were still confined, and I had to give him a few doses of calomel, but after he improved in appetite and general condition I directed him to take a small quantity of precipitated sulphur every night. This has been recommended by Jarrod, who is worthy of all acceptance when he speaks upon matters pertaining to uric acid and the diseases it begets. It acted very well in this case. The iron seemed to act very well and improved his appetite, and his stomach, as he said, felt more comfortable. I did not feel justified in prolonging its use, and returned to the phosphate of ammonia, under the use of which he improved steadily, and the pain disappeared as his general condition grew more satisfactory. He grew perfectly well, and has had no return of the pain up to this date. I am sure that in this case the anæmia was due to the uric acid diathesis, partly induced and to some extent hereditary, and as a prophylactic he uses a very small dose of lithia once every week or two. I said that a man was to some extent what he made himself, and I tried to show that this man, who was so largely uric, made himself more so by his diet. When the uric acid was removed his appetite altered, and he now makes a fair meal.

As regards the use of local applications in these cases, I have found warmth to be usually the most comforting, and I have found lately that a sack of suitable size, the larger the better, quilted at large intervals, filled with heated sand, to be a convenient means of applying it; it can be heated in an oven and retain its heat for a good while—of course, in proportion to its size. It is cleanly, and much more comfortable than a moist heat; is more adaptable than a hot-water bottle or heated brick.

I have endeavored to show in these cases that neuralgia is but a symptom, generally, of anæmia; of course, the anatomical defect is to be found in the nerve centres through which the nerve

force is generated, or in the spinal cord through which it is conducted, but had I confined myself to a description of these matters I must have dealt with facts recorded from post-mortem examinations, when such parts were hopelessly impaired. And while we must understand pathology to be at all scientific, it is not everything, and I thought that the disease analyzed and combated in the living would be, I trust, more productive of good than dealing with matters that must be pathologic or physiological. Of course, some cases go on to irremediable stages, and we hear of limbs atrophied from disease of the trunk caused by the loss of power in the nerves. Whether they come from poor treatment in the start, or whether, as is more likely, they are due to permanent deterioration of the nerve centres, I cannot say.

[FOR DISCUSSION SEE P. 787.]

#### ARISTOL IN CHRONIC DYSENTERY.

Dr. Randall (*Med. Neuigkeiten*, No. 17, 1892) has treated three cases of chronic dysentery with aristol with excellent results. The most serious case was that of a sixty-year-old man, who had for six months suffered from chronic diarrhœa, and for the last six weeks had been obliged to keep his bed. The localization of the pains pointed to the lower portion of the transverse colon being involved in the ulcerating process. A suppository of two and a half grains of aristol and one-third of a grain of morphine was ordered, to be inserted three times a day. Two days later the stools became less fetid, more consistent and free from blood. Within a week the painfulness disappeared, and only one more hemorrhage appeared. The stools, which had been very painful and of hourly occurrence, were reduced to six or eight per diem; they were soft, but not thin, and nearly free from epithelial debris. In ten or twelve days all traces of rectal ulceration had disappeared. Then only one grain was given per diem, and morphine in the evening. In a short time he was on the road to recovery.—[Pritchard.]

## REPORT ON OBSTETRICS AND GYNECOLOGY.

BY

E. S. MCKEE, M.D.,  
CINCINNATI, O.

*Closure of Vesico-Vaginal Fistulæ by Transplantation of the Bladder Wall.—Sterility in the Married.—Amputation of the Breast for Malignant Disease.—Total Extirpation of the Uterus for Large Fibroid Tumor.*

BARDENHEUER, in a paper on "Closure of Vesico-Vaginal Fistulæ by Transplantation of the Bladder Wall" (*Deutsche med. Wochenschrift*), reports two successful cases of this operation for difficult utero-vesical fistulæ. Supra-pubic cystotomy is performed with patient in Trendelenberg's position, the peritoneum dissected away from the anterior surface of the bladder as low as the fistula. The adhesions and cicatricial tissue in the vicinity of the bladder are now separated, the edges of the fistula are denuded, and while they are pressed together by a finger passed into the bladder through the suprapubic wound, silver wire sutures are introduced from the vaginal side. The catheter is passed every three hours, and the artificial wound left open and plugged with gauze. The writer believes this method will be useful in closing large defects in the bladder left after the removal of tumors by epicystotomy, by introducing the finger and sliding over flaps of healthy tissue into the wound while the sutures are passed.

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SELIGMANN, in discussing "Sterility in the Married" (*Berliner klin. Wochenschrift*), speaks enthusiastically of the good effects of massage and electricity, particularly in cases of chronic disease of the adnexa following parturition, with resulting sterility. He has seen the ovary reduced in size by massage, its functional activity restored, and the distorted tube straightened and rendered patent. In applying galvanism, he always uses the negative intra-uterine electrode, since it has only a

alkaline reaction of the secretion favorable to the prolonged activity of the spermatozoa.

He states that the prevailing ideas regarding the effects of epididymitis are too pessimistic, as in many cases men thus affected are capable of procreation. As a prophylactic measure in every case of gonorrhoeal epididymitis, as soon as possible after the acute stage, regular massage should be practiced, with applications of ichthyol, and later permanent compression.

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THE following is an abstract of a paper on "Amputation of the Breast for Malignant Disease," by H. Horace Grant, of Louisville, Ky., read before the Kentucky State Medical Society:

There is a wide diversity of opinion on the subject of this paper. A large majority of surgeons favor the radical operation, while some of the ablest believe in palliative steps and partial removal. There are three objections to radical operation: the uncertainty of diagnosis; the increased mortality when the axilla is invaded; the probability of early recurrence. As to the first, under certain circumstances hesitation is to be observed, but an exploratory incision can add nothing to the gravity of the non-malignant condition. After forty years of age all removable tumors of the breast should be excised without regard to diagnosis. There is but one danger left us under the second objection, that of shock, unless by accident some injury be done the great vessels of the axilla. In a recent paper, Dennis, of New York, reports seventy-one cases of complete removal of the breast with but one death. Dr. Grant himself has removed the breast and opened the axilla without accident, and almost without shock, nine times in private practice within the past three years. As regards the recurrence of the disease, Dennis gives as the influences of recurrence: (1) the age of the growth; (2) the extent of infiltration; (3) the completeness of the operation; (4) histological character of the carcinoma itself.

We have certain and early death without operation; accurate and early

safe and reassuring aid by complete operation; a most encouraging hope of cure in one-third of all cases. Early and complete operative steps are demanded to secure such results, even in most favorable-looking cases. The operation must be radical to the extreme, as it is impossible to tell the amount of infiltration or lymphatic involvement. At the inner angle of the wound a granulating surface heals with great ease, and cutting away freely may be done. It is best to completely remove the skin under which the cellular tissue is infiltrated, even with inflammatory products. All fascia and all infiltrated muscle, even to the ribs, should be cut away, with resection of the bone if invaded. When infiltration and ulceration are considerable, it is imperative to make an incision circumscribing all possible disease. The sub-scapular vein should be tied before division; then there will be no hemorrhage unless the muscles are divided. Even the axillary vein has been resected when found diseased. The wound should be irrigated with 1:1000 hot bichloride and then washed out with 1:3000. A short drain should be put in the axilla and brought out through a counter-opening. The axilla should be closed; if the inner part of the wound can not be covered it should be left to granulate. The tubes should be removed in forty-six hours unless otherwise indicated. The best material for suture is silk-worm gut; next reliable, cat gut. Tension sutures of large silk are appropriate sometimes. The iodoform and gauze dressing is to be applied. The arm should be bound loosely in a sling.

If the resulting cicatrix looks unhealthy, or if the wound fails to heal, it is unwise to be in haste to operate, as such conditions often ultimately recover. The patient may be allowed to be up about the fourth day if she does ordinarily well.

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DR. RUFUS B. HALL reported a case and showed specimen of "Total Extirpation of the Uterus for Large Fibroid Tumor" to the Obstetrical Society of Cincinnati:

Mrs. B. W., aged fifty years, well nourished and in fairly good health, excepting that she suffered severe pain, which has increased from a mere discomfort some six months ago to a constant severe pain at the present time. The tumor filled the pelvis and the greater part of the largely-distended abdominal cavity. It was irregular in outline, with one large mass extending to the right upper part of the abdominal cavity, and weighed twenty-two pounds. The operation was made February 4, 1892, at the Free Surgical Hospital for Women. The patient has known of the tumor for about twelve years. At the operation it was found that the only portion of the tumor which was not adherent was a space of about six inches square, directly in front. All of the upper half of the tumor was covered over with omentum, which was adherent to the tumor and the abdominal wall, and was so much damaged that it was removed. The most difficult adhesions, however, were intestinal, upon the upper and back part of the tumor, which we were obliged to separate without the aid of sight before the large mass could be turned out of the cavity. The adhesions in the pelvis were so extensive that a temporary clamp to control bleeding could not be applied until the tumor had been delivered. The patient, therefore, lost a large quantity of blood before the temporary clamp could be utilized.

While separating adhesions in the pelvis an abscess-cavity was opened up, and a pint or more of pus turned out. The pus-cavity was outside the tumor proper, and as near as could be determined, from the specimen, it was a pyosalpinx, but the specimen was so torn that it was impossible to say positively.

After the bulk of the tumor had been cut away, and the broad ligament had been tied, the work of total removal of the cervix was the next procedure. The vagina was first opened behind the cervix, and by careful stitching and ligating around the cervix it was soon removed entire, as you see in this specimen which I present. The ligatures were left long, and brought out through

the vagina, but the after-management of the case has convinced me that the ligatures should be cut short. The patient recovered, and left the hospital the sixth week.

For more than five years I have believed this to be the rational and correct method of operating for large fibroid tumors, and have discussed the matter in private with my friends engaged in this work; but I did not have the courage of my convictions and make the operation, until this case, though other operators have done so. I am convinced that total extirpation in these cases is an operation which has come to stay, and the clamp in hysterectomy will soon be a thing of the past, as certainly as it is now a thing of the past in ovariectomy.

DR. C. A. L. REED supplemented the report of a case to the Academy of Medicine in which he had removed the uterus by the new method, stating that the patient had suddenly died on the fifth day, presumably from hemorrhage. He believed, in the absence of an autopsy, which was denied, that one of the ligatures had slipped off the broad ligament, under stimulus of some violent muscular movement on the part of the patient.

DR. C. D. PALMER said he had done supra-vaginal hysterectomy for fibroids of the uterus on two occasions, once successfully and once unsuccessfully. He distinctly recalls the prolonged and animated discussion on this subject, as to the modes of operation in cases of this kind, which occurred in New York City, at a meeting of the American Gynecological Society, in September, 1889. Dr. Bantock, of London, took the position that the extra-peritoneal method was the more desirable, while Dr. Martin, of Berlin, favored the intra-peritoneal method. Without doubt the Kœberle method has given better results, the world over, than the intra-peritoneal technique, but it is very tedious, painful, and unsurgical in results. The intra-peritoneal is more surgical, although he admits the increased dangers of hemorrhage and septicæmia. He was very favorably impressed with Dr. Krug's report of cases.

ation on these tumors is made, provided they are non-pediculated and sub-peritoneal, that the whole uterus should be taken out to the vaginal junction, in preference to all other operations, as Kæberle's or Martin's. But these operations are to be only a *dernier ressort* after failure of the operations of nature, judicious medication, uterine curettement, the Apostoli treatment, etc. When abdominal section is made for a growing interstitial or extra-uterine fibroid with uncontrollable hemorrhages and pressure symptoms, the following points are to be considered: (1) Will an oophorectomy promise good results? (2) Is the growth pediculated, and removable, as an ovarian cyst should be? (3) Is the growth purely interstitial or sessile? If the latter, remove the whole tumor, with the whole uterus, with the patient in the Trendelenburg position.

DR. R. B. HALL believed the entire removal of the cervix, after the section and removal of the fibroid tumor, to be the correct method, and would soon be the recognized plan in all these cases. He had made supra-vaginal hysterectomy by Kæberle's method several times, and the new method once only, but he was decidedly in favor of the latter plan.

DR. GUSTAV ZINKE agreed in the main with the previous speaker. He had seen several operations done on the plan just mentioned, by Prof. Chrobak. The uterus being exposed, it is seized with a strong pair of volsellum forceps and lifted as far out of the abdominal wound as possible. The broad ligaments put upon the stretch, are first ligated by three sutures, running along a line below the tube and ovary, from the outer margin to the uterus. The appendages are then removed with scissors above the point of ligation. He then makes a careful circular incision around the womb, dividing the peritoneal coat on a level with, and a little above the bladder, and with the aid of his thumbnails or the handle of the scalpel, dissects it off until he has reached the cervico-vaginal junction in front and behind the tissue containing the uterine artery and vein on either

side to the point of insertion into the cervix. One of his assistants then introduces into the posterior cul-de-sac the hysterectomy staff. With the aid of this instrument fixed behind the cervix, the posterior formix is pushed up and the operator penetrates the vagina from above, cutting with the knife along the groove of the instrument. The removal of the uterus is now a comparatively easy matter. By repeated small cuts with the knife or scissors the vagina is severed from its junction with the cervix, bleeding points being ligated according to necessity. An "iodoform-wick," the thickness of a finger and the length of the vagina, is then introduced from above, and folds of the peritoneum secured from the uterus stitched over it, thus separating the vagina completely from the peritoneal cavity. All the cases seen had recovered promptly without complications.

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DR. G. E. JONES reported a case of "Abdominal Section for Multiple Fibroid of the Uterus," and showed specimens at the Obstetrical Society of Cincinnati.

DR. G. S. MITCHELL said he had been present at the operation and had previously examined the patient and confirmed the diagnosis of fibroid of the uterus. The operation was rather prolonged, though but little blood was lost. The greatest difficulty was in getting the pedicle up and transfixed before cutting away the tumor. The peritoneum was separately united by cat-gut sutures, and held to the peritoneum of the pedicle by the same means at the lower angle of the womb, where the stump was dressed externally.

DR. C. A. L. REED said that he desired to congratulate Dr. Jones on the success of the operation, but did not believe the method followed to be the best one. In the plan adopted in this case the pedicle must be allowed to suppurate externally, although he had shut off the abdominal cavity by stitching the peritoneum to the stump at its point of emergence. He did not believe in any operation which provides any tissue to be disposed of by sloughing.

## ACADEMY OF MEDICINE.

## OFFICIAL REPORT.

*Meeting of May 24, 1892.*The President, G. A. FACKLER, M.D.,  
in the Chair.

T. V. FITZPATRICK, M.D., Secretary.

DR. JAMES M. FRENCH read a paper  
on the*Successful Treatment of Sciatica*  
(see p. 773).

## DISCUSSION.

DR. CUNDELL-JULER:

The essayist reminds me that, although the scientific section of the British Medical Association has shown that mercury failed as a therapeutic agent to effect the liver, there still linger in the profession some who believe in its efficacy upon that organ. This is more marked in the South, where people feeling unwell eat of blue mass *ad libitum*. It is a habit, perhaps, arising from the specific treatment of our forefathers, as quinine in ague and cod-liver oil in scrofula are to-day advocated as specifics for all manner of diseases. Thus it became a habit.

If Mr. A or B is sick,  
Go run for doctor and be quick.  
The doctor comes with much good will,  
But never forgets his calomel.

The patient grows worse quite fast indeed,  
Go drive for doctor, ride with speed.  
The doctor comes like post with mail,  
Doubling the dose of calomel.

Temporo-popliteal neuralgia, or sciatica, is a disease which perplexes a physician by the variety of its causes, and because, whenever a malady is but little understood, the remedies advised in its treatment are multitudinous, as well as often dissimilar in their therapeutic action. As medical men in general have some stubborn cases of this kind under their care, we should feel thankful to Dr. French for bringing this subject before our notice, as well as for the information which a detail of his cases conveys.

We encounter this painful disease.

uterus could have been removed, and the vaginal roof closed by sutures after its complete removal. He thinks the entire removal is sometimes very difficult, but the difficulty in dissecting out the cervix is largely overcome by the Trendelenburg posture. This posture empties the pelvic basin by gravity, and offers better facilities for illumination.

It has been said that the ligatures applied to the broad ligament should be carried downward and out through the vagina, but the speaker did not believe in such a plan. Martin's method is better. This consists in sewing together the peritoneal layers over the vaginal opening. If drainage is necessary use the tubes, as in other abdominal sections. The peritoneum should be aseptic and carefully sealed up, leaving no free external ligatures to invite sepsis by capillary attraction.

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THE PEROXIDE OF HYDROGEN IN  
PURULENT CAVITIES AND  
FISTULÆ.

Dr. Graff (*Med. Neuigkeiten*, No. 2, 1892) has used this drug in cases where a complete opening of the fistula or abscess is impossible. Here irrigation with the peroxide has an excellent action, superior to that of the other antiseptics. The great formation of gas which follows the contact of the antiseptic with pus or blood permits the pus to be removed very thoroughly. If then an antiseptic bandage be applied healing takes place very rapidly. If, in cachectic individuals, the granulations are weak and slow in growth, one may alternate with injections of equal parts of ether and balsam of Peru. This procedure is of great value in suppurating cavities with indurated edges, as, for example, in the separation of sequestra. The remedy has also been used with success in dacrocystitis and purulent conjunctivitis. Where the drug is injected into cavities one must see that there is free exit for the gas, which quickly forms; otherwise the pressure might cause trouble, as, for example, after opening cerebral abscesses, injection of pleural fistulæ, etc.—[Pritchard.

first in the adolescent, affecting, however, less the trunk than the branches of the sciatic nerve. In these cases it is associated with anæmia and a highly impressible nervous temperament, chlorotic anæmia, uterine derangements and hysterical tendencies.

In older persons, varying from thirty to fifty years of age, we shall find sciatica with the premature decay of manhood, as seen in those who have apparently overstepped their capabilities, anticipated their latent strength, or have been intemperate. Their grey hair, fatty degeneration in the cornea, and inelasticity of the arteries, are often associated, however, with a muddy complexion and muscular strength. The disease in them is very intractable, and affects all the parts where the sciatic nerves have their tributaries, from the lower end of the sacrum to the crista illi down to the head of the fibula and the malleolar branches. Here we have diminished tactile sensibility.

A third class of cases occasionally arise, due to mechanical pressure, from over-exercise, prolonged sitting, or from a gravid uterus or feces in the colon, but mostly are caused by syphilis or rheumatism. Here mercury, iodide of potassium and salicylates are advised, with the use of the hot-water douche.

I have seen the great prevalence of this disease in miasmatic districts, the paroxysms having nocturnal exacerbations, followed by stiffening of the limb. I wish to relate the case of a lady, some fifty years of age, from Indiana, whose sufferings had long compelled her to lie upon her abdomen. I administered for several weeks small, successive doses of Fowler's solution, aconite and belladonna, subduing in the

cases he has reported the results have certainly been very favorable, and he has accomplished in these cases what we all endeavor to do, *i.e.*, to take the case as we find it, diagnose it as nearly as we can, and then treat it according to our diagnosis. His diagnosis, apparently, were very correct, and his treatment very satisfactory.

This disease, as I have found it, has not yielded as readily as it seems to have in the cases reported. In some cases it seems very difficult to fall upon remedies that will bring about favorable results. That sciatica is due to anæmia in some cases can hardly be questioned, but there are cases of sciatica which we can hardly ascribe to this cause. One case of sciatica that I have very vividly in my mind at present, is one which at the beginning of the attack seemed to be a pure neuritis, and the man seemed to be at his very best. But in this case there was probably an element of exhaustion, explanatory of the beginning of the attack. The doctor was certainly very fortunate in finding three cases that recovered so easily from rational means, that is, by treating them from a diathetic and therapeutic standpoint. In some cases we have to resort to all sorts of means, as surgical, the use of deep ether injections, etc. In many cases of sciatica there appears to be a rheumatic element, which readily yields to the salicylates. These, however, are not of the type of cases reported this evening.

DR. FRENCH, in closing:

I endeavored to show, in my paper, that in chronic cases of sciatica you must go down to the root of the matter and endeavor to find the cause of the anæmia that underlies it all. Dr. Cleve-

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ments to kill the bacillus. Assist nature and not embarrass her, and she will overcome the bacillus in cases that admit of a favorable termination. In gout you can remove the accumulated morbid matter from the place in which it has collected in old people; you do not need any microscope to see it, and in the treatment of that disease you must remove the particular element by presenting some element such as lithia, with which it will continue in a soluble form. Dr. Juler extols arsenic. In the second case I used arsenic, but I drew attention to the microscopic anatomy of

that both tables of the skull were thin and porous, and that at the thickest places there was but little of the spongy and bony substance that we term diploe (*sic*), so that a blow from a fist might easily have fractured the bone, which is usually so hard and thick in other persons, so strong, in fact, generally that it will resist impressions from outside, if they be not too violent."

This extract shows a superficial observation, but could more be demanded in the seventeenth century? That which follows borders on the grotesque, for the writer continuing, says: "Having opened the brain, following the usual methods of autopsy, it was found to be gray, with much more firm consistency than is usual in this organ. This brain had a most delightful odor, of a fragrant, agreeable character, in place of the soft, watery and slightly fetid smell usually noticeable. This brain was duly embalmed, an act of courtesy worthy of admiration." Then our writer continues: "A most surprising fact was that in this brain there was double the number of ordinary ventricles, each one of them having another, its inferior in size. *In these were formed the purest and most powerful thoughts, discursive, and serving for the operation of the understanding; the ventricles in front serving for the imagination, and those of the back serving for movement and the sense of memory.*"

It may well be asserted that Broca,

at the moment it was invaded by a horde of barbarians who wished to destroy the monument of Cardinal Richelieu. In the struggle that followed the monument was saved, but Lenoir received a stab from a bayonet. The vandals, for compensation, dragged the body from its tomb, and trampled the remains over the floor of the sanctuary. "The Cardinal, whom I saw dragged from his tomb," says Lenoir, "looked like a dried up, but well-preserved mummy. Death had not altered his features. His skin was a livid color. He had prominent cheek bones, thin lips and hair, his hair being whitened by age. One of the vandals of 1793 believed in revenging himself by cutting off the mummy head of Richelieu and showing it to the crowd of spectators in the church."

Was the Cardinal's body afterwards placed in the tomb? Was it subjected to the indignity of being thrown in the public sewer, like others? This is a question to be solved. As to the head, we know its history. When the tomb was violated, in 1793, a grocer of the Rue Harpe took it and locked it up in a wardrobe. Later this honorable young man married, and his wife being timid, he resolved to get rid of the Cardinal's head. The grocer sold it to the elder Mr. Armez. On the return of the Bourbons to power, Armez offered it to the Duke Richelieu, then Minister of Foreign Affairs. The letter was mislaid, or the Duke did not care for the ghostly

the mole and the moustache, which gave to the living Cardinal that characteristic physiognomy, so well known in his portrait, were still visible.

As though farce were inseparable from tragedy, a collector of curiosities contested the authenticity of Armez's relic, declaring that he too possessed a head of Richelieu. Was the Cardinal bicephalous? Historians had not noticed this fact. Was the Armez relic a counterfeit? The enigma was soon solved, for on close investigation it was discovered that Armez had the face and anterior skull, while the collector of curiosities owned the back skull and hands. It was the posterior part of the head that De Quatrefages complained of not being able to examine. The anthropologists could not let the occasion pass, and determined to study the phrenological characteristics of the envelope of that mighty brain whose conceptions had astonished the world.

At their meeting, on December 20, 1866, this head was fully studied and described by the celebrated Quatrefages and others. The marble head of Richelieu, torn from his tomb in 1793, was used as a counter-weight for a turnspit.

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Writing, as an expression of character, is again under discussion in Paris, the principal advocate of the theory being Dr. A. Nicolas, who says: "The pen does not do the writing. You may change your goose quill at pleasure, but your writing will not cease reflecting your passions, habits, tastes, virtues and vices. A goose-quill pen will reveal the manner of the man using it. The torrid man, bold man and avaricious man are told by their chirography. Writing is a more complex matter than most people think, for it requires the agreement of three associated efforts for its accomplishment; *i.e.*: first, the effort of attention; second, the effort of adaptation; third the effort of execution. In the effort of adaptation of movement to the act the eye plays an important rôle. Visual fatigue is the least in moments of inspiration, but is excessive when copy work is called in use. A bad pen will tire the most skilful fingers."

## THERAPEUTIC NOTES

FROM FRENCH, GERMAN AND ITALIAN JOURNALS.

TRANSLATED BY  
F. H. PRITCHARD, M.D.,  
NORWALK, O.

ANTISEPTIC TREATMENT OF PARASITIC SKIN DISEASES, AND ESPECIALLY ALOPECIA AREATA, WITH CHINESE OIL OF CINNAMON.

Dr. Busquet (*Annales de Dermatologie et Syphilographie*, No. 3, 1892) has found the ethereal oils to be powerful antiseptics, and, basing his opinion on some eighty cases, he recommends the ethereal oil of Chinese cinnamon as a powerful antiseptic in the treatment of parasitic skin diseases, and especially alopecia areata. He uses the following solution:

℞ Chinese oil of cinnamon, gms. 10	
(3iiss).	
Ether, . . . . . gms. 30	
(3j).	

In favus this solution causes a rapid drying of the crusts, the scalp becomes dust-like, the subjacent epidermal layer exfoliates with ease, and the entire process disappears in a few days. Herpes carinatus also yields rapidly to this treatment. The remedy showed itself to be the most powerful in alopecia areata; and, in cases where every other treatment had been tried in vain—corrosive sublimate, iodine, vesicatories, etc.—and where the disease had lasted for one to four years, this treatment caused it rapidly and completely to disappear. The affected spot is painted once a day with this solution. It is applied by means of a wad of cotton, which is burned after the application in order to prevent further spread of the disease. The hair is cut short, and all washing of the hairy scalp is avoided as much as possible. In all the cases thus treated there soon appeared small hairs, which were, at first, whitish, and then rapidly became darker. The average period of treatment was from three to four weeks. Sometimes there appears after the first application of the solution a slight reddening of the scalp, with a

interrupted for one or two days these phenomena will disappear. These all appear in those cases where the solution is kept in a cork - stoppered bottle, hence where evaporation, with consequent concentration of the solution, takes place. The writer has also used the solution in three cases of alopecia areata of the beard. In the first two cases, with plaques five and three centimetres in diameter, there appeared, within ten days, a thick growth of hair upon the hairless spots. In three cases, where the baldness had persisted for a year, twenty-five days of treatment were required to obtain a cure. The

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A comparison of its action with that of olive oil is of interest, for this latter has long been used successfully in cholelithiasis. The action of the oil is due to its decomposition into fatty acids and glycerine. This latter is the substance which acts in promoting the secretion of bile. Therefore it is better to give glycerine itself instead of the oil, as its action is more direct, surer, and can be more certainly dosed. The employment of glycerine varies. If one desires to abort an attack of gall-stone colic, twenty to thirty grammes (5 drachms to 1 ounce) will be found sufficient, and may be repeated for

various directions and different depths, according to the extent of the disease. If any fistulous tracts be present, they may be cauterized with pure acid or stuffed with wicking soaked in equal parts of carbolic acid and glycerine. In special cases opening with the knife and curetting, with subsequent antiseptic treatment, is indicated.

[The nitrate of silver has also been employed with success in this affection. Dr. Koettwitz (*Med. Neuigkeiten*, No. 48, 1892; *LANCET-CLINIC*, No. 20, 1892) used it in four cases of actinomycosis of the skin and soft parts of the head and neck, with long-lasting and suppurating fistulæ. In one case the recovery has persisted for three years, in the others from a year to a year and a half respectively. They all had had carious teeth on that side of the mouth.—*TRANS.*]

#### ICHTHYOL IN ACUTE PERITONITIS.

Dr. Guenther (*Correspondenzblatt für Schweizer Aerzte*, No. 8, 1892) reports a case where ichthyol had an excellent action. A fifty-four-year-old woman had been attacked with typhlitis and perityphlitis. In spite of the physician's warning not to get upon her feet during convalescence, she had done so, and, immediately after her attempts at walking, she experienced violent pains in the abdomen, nausea, etc., which forced her back to bed. The whole symptom complex of a peritonitis followed this incautiousness. The abdomen was in a few hours swollen up like a barrel; great general meteorism set in; constipation, without passage of flatus; pulse 120, temperature 59° C.; respiration increased and superficial; somnolence; violent vomiting, partially of a feculent odor; characteristic prostration, with sensitiveness of the entire abdomen. After this condition had remained constant for a few days under treatment by opium and ice, the writer concluded to paint the entire abdomen with pure ichthyol. The drug was applied by means of a soft camel's-hair brush, and covered with gutta percha to prevent evaporation. All other treat-

ment was excluded, and, after a few hours, the patient felt relieved, to sleep the entire night. The following morning, twenty-four hours after the application, the swelling had wholly disappeared; the tumor of the perityphlitic process, which the day before was not to be felt, on account of the swelling, was distinctly palpable. The sensitiveness of the abdomen was limited to the cæcal region. The vomiting had ceased, the bowels moved spontaneously and flatus passed. The pulse sank to 95 from 120, and the general condition corresponded to the other amelioration. The treatment by ichthyol was continued for several days, and reduced the process to a local one, from where one might determine, by the thermometer, whether the perityphlitis was tending towards suppuration or not.

#### MAGGOTS IN THE NASAL CAVITY SIMULATING MENINGITIS.

Dr. Allingham (*Med. Neuigkeiten*, No. 17, 1892) had a woman under his care who was suffering from meningitis, apparently. She had terrific headache and a high fever. As her breath was fetid he injected some peroxide of hydrogen into her nose, after which two maggots were ejected. The injections were continued, and one hundred full-grown maggots were discharged from her nasal cavity, together with a quantity of pus. The following days calomel was insufflated, and two hundred more were obtained. The fever and headache immediately disappeared, and only a little gastric catarrh remained. The patient had suffered from ozena, which must have attracted flies. Indeed, she remembered that four days before the meningitic symptoms set in she was awakened by a fly crawling into her nose. It took several minutes to dislodge it, but this was sufficient time for it to deposit its eggs.

#### PUBLISHER'S NOTICES.

SAMPLES of Sander & Sons' Eucalypti Extract (Eucalyptol), gratis, through Dr. Sander, Dillon, Iowa. Eucalyptol stands foremost as a disinfectant, is a perfect check to inflammatory action, and invaluable in zymotic diseases. Meyer Bros. Drug Co., St. Louis, Mo. Sole Agts.

## LANCET-CLINIC:

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MEDICINE AND SURGERY


ISSUED EVERY SATURDAY.

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L. S. COLTER, M.D.

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Cincinnati, June 11, 1892.

**Editorial.**

## THE THIRTY-FIRST ANNUAL REPORT OF THE CINCINNATI HOSPITAL.

Of the report in general we shall have but little to say except in the way of suggestion. There is no reason, unless it be a financial one, why the report should not be a much more valuable and prepossessing one than custom has made it. The report of an institution of this magnitude should be one that is sought after by medical men everywhere; it should contain short histories of *all* the interesting cases treated during the year; the reports of cases should not be confined exclusively to fatal cases, for this has the appearance of trying to apologize for the fatal issue. Every person who knows aught of the character of cases admitted to a large general hospital knows that many of the cases are moribund when admitted, and many come under the class known as "incurables;" these cases add to the per cent. of mortality while they give no opportunity for successful treatment. The

first class should not be counted and the second are not proper cases for such an institution. This circumstance suggests the need of a large hospital for incurables, and we add our approval to the plan suggested by the President of the Medical Staff; *i.e.* to make the Branch Hospital a home for this class of cases. This plan would have the double advantage of giving incurable cases the benefit of a pure, healthful atmosphere, and at the same time leave the present Hospital buildings for the cases for which it was designed; thus more room for curable cases would be secured. At present the Branch Hospital is an useless appendage; it should either be utilized or abandoned, the former course being far better.

The safety of the buildings and occupants has been materially enhanced by the removal of the old, unused elevator shafts; these were a constant menace, and as a matter of fact have been the seat of every fire that has occurred.

The fourth floor of the Administration Building has been fixed up for library purposes, thus affording a beautiful and permanent home for the very valuable library which has been collected through the labors of the Medical Staff.

From the report of the Superintendent we gather the following items: the total number of patients treated during the year was 5,633; the total daily average of patients was 314.1; daily average of non-residents was 25.2; the average residence of charity patients in the house was 27.2 days.

The Apothecary reports that 27,573 prescriptions were issued at an average cost of 9<sup>19</sup>/<sub>40</sub> cents each.

The report of the Medical Staff is the one of peculiar interest to our readers and we shall devote some time

after deducting 101 cases which were moribund when admitted, was 7.6 per cent. In the medical department the per cent. of mortality was 13.4; surgical,  $3\frac{1}{2}$ ; children, 14; obstetrical,  $\frac{4}{10}$ ; gynæcological  $4\frac{6}{10}$ .

The mortality from pneumonia and typhoid fever was much greater than ordinarily occurs in private practice, but we must remember that hospital patients are very apt to be those addicted to the immoderate use of alcoholic liquors, or are broken down by reason of their insanitary surroundings, poor food and vicious modes of life: when these are taken into consideration we believe the mortality will not be called excessive. Although we cannot "speak by the card" we believe that this mortality compares very favorably with that of other large hospitals.

One exceedingly difficult problem connected with so large a medical institution is the obtaining of perfect antiseptis or asepsis. The responsibility is so much divided that it must be the surgeon's constant care to oversee and arrange details. The fact that the mortality in the surgical department was so low and that the number of cases dying from infection was so small, points clearly to the fact that the aseptic and antiseptic precautions have received the proper amount of attention.

The microscopical laboratory connected with the Hospital is an exceedingly well equipped department, and one that opens a vast field of usefulness. During the past year investigations of the Ohio river water have been conducted here at the request of the Ohio State Board of Health. Investigations (bacteriological) of the air of the rooms in our public schools has

more a necessity in all large public hospitals; *i.e.* a salaried Pathologist who shall devote his entire time and attention to pathological research. The amount of work which devolves upon the Pathologist is much greater than he can afford to do for merely the honor. Therefore we suggest the necessity for employing such a man at a salary sufficient to remove from him the need of ordinary practice. Material and opportunity for original research are abundant, but time and the necessities of life preclude the possibility of utilizing them as might be done.

In conclusion, we feel that the report of the institution justifies us in concluding that the medical work of the hospital has been ably looked after by the Medical Staff. In saying this we should not forget that the intelligent co-operation and active assistance of the Resident Physicians have been of immense assistance in the work. The Training School for Nurses has also been of incalculable service in the medical work of the house. Intelligence and careful training make the nurse a true angel of mercy.

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#### EDITORIAL NOTES.

DR. S. E. ALLEN, who has been in Germany for the past two years for the purpose of study, and Dr. D. D. Wolfstein, who has also been prosecuting his studies at the German clinics for the past three years, have returned home and have located in this city.

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DR. R. M. BYRNES, of this city, died in Iowa, May 28, from complications caused by an attack of la grippe two years ago. For many years Dr.

a noted naturalist, and enjoyed the distinction of having served three terms as president of the Natural History Society of this city, an honor which has not been bestowed on any other man.

DR. F. W. LANGDON, of this city, sails this week for a summer abroad. The greater part of his time will be devoted to study at the London clinics and hospitals, but before returning he will take a jaunt through England and the continent.

Dr. C. R. Holmes and Dr. R. C. Hefflebower also go abroad in a few days, and will spend their time on the continent. Dr. Holmes goes for a more thorough study at the Vienna clinics, where he spent part of last summer. Dr. Hefflebower goes for an equally laudable and perhaps more delightful purpose of bringing home a bride. This journal extends its sincere wishes for *bon voyage*.

A. CORRECTION.—In our last issue the abstract on page 769, entitled "Extraction of Extended Arms in Breech Labors," should have been credited to the *New York Journal of Gynecology and Obstetrics*, to the current February number of which journal Dr. R. L. Dickinson contributed the article.

#### CHRONIC CATARRH OF THE SMALL INTESTINE.

Dr. Weber (*Med. Neuigkeiten*, No. 17, 1892) reports favorable results from the administration of the extract of monesia, a Brazilian plant, together with the extract of columbo. It was prescribed in the form of pills, with equal parts of the extracts of monesia and columbo, together with enough of the extract of gentian and glycerine to make 120 pills. From two to four pills were taken three times a day.

—[Pritchard.]

Selections.

## FROM CURRENT MEDICAL LITERATURE.

### DEATH DURING ANÆSTHESIA.

The *British Medical Journal*, of January 16, 1892, contains an interesting article on chloroform by Dr. Lombe Atthill, in which it is stated that the Report of the Second Hyderabad Commission "affirms distinctly that death from chloroform is due to asphyxia." This is entirely a mistake. The Hyderabad Commission has affirmed over and over again that the only danger of asphyxia during chloroform inhalation is that it leads to gasping inspirations, and so to rapid and frequently irremediable overdosing. No doubt the nerve centers are more susceptible to poisoning with chloroform when asphyxia is present than when it is absent.

In the same issue of the *British Medical Journal* there is a letter on "Death During Anæsthesia" by Dr. Horatio C. Wood, of Philadelphia. Professor Wood says: "Denial of the existence of the other side of the shield has been persisted in by many an honest and capable man, but in the long run the world learns for itself, and so I leave this controversy with the hope never to return to it." I trust sincerely Professor Wood will reconsider his decision, and fight it out like a man to the end. The Hyderabad Commission has never denied the existence of two sides of the shield. On one side are the true followers of Simpson and Syme. Syme's cases and my own form a series of chloroform administrations extending over forty five years without a single death. On the other side are Professor Wood, the Glasgow Committee, Professor Macwilliam, and their disciples, the anæsthetists. On that side deaths under chloroform have been numerous, and have increased in frequency of late years in exact proportion as their teaching has gained ground.

We may well ask, what is the difference between the two sides of the shield; and is it incapable of adjust-



The main practical difference is this: The fundamental principle of chloroform administration on our side of the shield is that it is useless and dangerous to take the pulse as a guide. On Professor Wood's side, on the other hand, it is an essential principle of chloroform administration to watch the pulse continuously during the whole time of the inhalation. Our principles are founded upon uniform clinical and experimental data, and are characterized by uniform results; but on Professor Wood's side there is a conspicuous absence of uniformity in everything except the death-rolls from anæsthetics and antagonism to the Hyderabad Commission.

Our experimental data show that chloroform never affects the heart directly, and we are prepared to produce chloroform anæsthesia with uniform results in any laboratory or operating theatre in the world. If we can do this anybody can do it. The want of uniformity on Professor Wood's side is illustrated by Dr. Wood's statement that the heart is paralyzed by chloroform; by Professor Macwilliam's statement that it is dilated by chloroform; and by the Glasgow Committee's finding that the great danger of chloroform is sudden stoppage of the heart through the vagus; while the anæsthetists tell us through their champion, Dr. Dudley Buxton, that these anatomical conditions—denoting cardiac enfeeblement by chloroform—are the counterparts of the procession of events which they themselves encounter again and again in the operating theater when chloroform is administered in accordance with their own plans.

At first sight these differences may appear to be irreconcilable; but in reality they are not so. The Hyderabad Commission has shown that there is always complete uniformity in all experiments with chloroform inhaled in the natural way, and that absence of uniformity is only characteristic of experiments where natural breathing is interfered with. This is precisely the point which our opponents have overlooked. In Professor Macwilliam's experiments the thorax was laid open and chloroform

flows, so that natural breathing was impossible. In those of the Glasgow Committee the chloroform was administered "by a cloth saturated with the agent being held over the mouth and nose," that is, with insufficient air; and vagus stimulation—which the Hyderabad Commission has since proved is a safeguard in abnormal inhalation—resulted. In Professor Wood's experiments there is an omission of all mention of the regularity or otherwise of the respiration.

In the *Medical Chronicle* of May, 1891, a friendly challenge was thrown down to Professor Wood, Professor Macwilliam, and the Glasgow Committee, of which they have hitherto taken no notice. It may be repeated here in the hope that they will take it up and see for themselves if the two sides of the shield can not be brought into accord and the chloroform question settled, in order that deaths during anæsthesia shall henceforth and forever cease to occur. I therefore repeat my challenge to Professor Wood and his supporters—whether physiologists or anæsthetists—to produce an irregular tracing in the laboratory, or any irregularity of the heart's action in the operating theatre, in any case of chloroform anæsthesia in which the breathing is regular and natural throughout the inhalation. If Professor Wood and his friends refuse to accept this challenge, judgment must go against them by default. — SURGEON-MAJOR EDWARD LAWRIE, of Hyderabad, in *British Med. Journal*.

#### TUBERCULOCIDIN—A REMEDY FOR TUBERCULOSIS.

When, more than a year ago, the announcement was made that a remedy for tuberculosis had been discovered, the entire civilized world was carried away by the enthusiasm of the moment. It required the bitter lesson of experience to demonstrate that a remedy so potent for good as tuberculin was believed to be, was also capable of incalculable mischief. The reaction was so decided, the disappointment so keen,

treme skepticism; and to-day reports of wonderful results in the treatment of tuberculosis are viewed with querulousness, if not with suspicion. Earnest investigators have, however, devoted themselves to the problem, and it seems as if the promise of the first announcement would yet be realized.

In the *Deutsche Medicinische Wochenschrift*, 1891, No. 45, p. 1233, Klebs reported that by precipitation with platinum chloride and the so-called alkaloid reagents he was able to separate from tuberculin the substances upon which the deleterious effects of tuberculin depended, leaving in solution an albumose, which he believed to be the curative agent, and to which he has given the name *alexin* or *tuberculocidin*. Experiments upon animals showed that tuberculocidin fails to exercise the depressing influence upon the circulation that tuberculin does, and that, unless the dose be excessive, there is no febrile reaction. On the contrary, the treatment causes a dissipation of hectic fever.

Klebs (*Die Behandlung der Tuberculose mit Tuberculocidin*, Hamburg and Leipzig, 1892) believes that the efficacy of tuberculocidin depends upon an influence exerted on the tubercle-bacilli, resulting in their degeneration. Thus, large doses, by causing rapid disintegration of tubercle-bacilli, cause some elevation of temperature by a form of auto-inoculation with tuberculin. Tuberculocidin does not cause necrosis of tuberculous tissue, with dissemination of bacilli, and the development of a miliary tuberculosis. The process appears to be one of involution, associated with exudation. That tuberculocidin is not merely an attenuated form of tuberculin is demonstrated by the fact that, although the former represents by weight one-fortieth of the latter, an injection of a decigram (0.1) of the one is followed by no elevation of temperature, while an injection of two and a half milligrams (0.0025) of the other is followed by febrile reaction. In man the initial dose of tuberculocidin is about two milligrams (0.002); if this occasions no unpleasant manifesta-

tion (0.1), or a decigram and a half (0.15). Hectic fever constitutes no counter-indication; energetic treatment may cause its disappearance. The injections should be made daily for a month, and then be intermitted for a month, to be resumed or not, according to the indications present. When indicated, other therapeutic measures may be advantageously employed in conjunction with the injections. Nearly a hundred cases, principally of pulmonary tuberculosis, have been treated with tuberculocidin. Of seventy-five, in which a reasonable time had elapsed, fourteen were cured, forty-five were improved, fourteen remained unimproved, and two died. Complications were universally wanting.

The results reported are most encouraging. We have learned not to be over-sanguine, and we shall await with much interest the outcome of the investigations now in progress that promise so much in the treatment of a disease the curability of which we have only recently learned to appreciate.—Editorial in *Phil. Medical News*.

#### TREATMENT OF PLEURITIC EFFUSIONS.

Koster (*Therap. Monatsh.*, March, 1892) says that the use of the salicylates in the treatment of serous pleuritic effusions has not become so general as it deserves to be. He has thus treated thirty-two cases, twenty-seven of which were examples of the primary disease, while five were secondary to tubercle, as shown by the physical signs or the character of the fluid. In seventeen out of the twenty-seven cases the results were very favorable. These cases not only included small as well as recent effusions, but also large ones and those in which the patients had suffered from symptoms for weeks.

The results, however, were most favorable in recent cases. In most patients there was moderate fever, which declined rapidly. Absorption began almost as soon as the treatment, and in from five to seven days even large effusions had disappeared. Once or twice

the abnormal physical signs did not clear up for some time. The amount of urine was quickly increased. The symptoms of which the patients complained soon disappeared. In ten out of the twenty-seven cases the results did not differ from those obtained by other methods of treatment, and three of these had to be tapped.

The probability of the tuberculous nature of these cases must be borne in mind, but here there was no evidence in favor of it. Among the cases of apparently secondary pleurisy, the results were occasionally also decidedly good. In three of these tapping was also adopted, and blood-stained fluid drawn off. In another case also tapped no good effects were observed under the use of the salicylates, and at the necropsy the pleura was found beset with miliary tubercles. The author refers to a case in which there was a peritoneal as well as a pleuritic effusion (with no evidence of cardiac, renal, pulmonary or hepatic disease), in which the effusions rapidly cleared up under the salicylates.

Though it cannot be said that none of these cases would have done well with other treatment, yet the impression obtained from the use of the salicylates was a very favorable one.—*British Med. Journal*.

#### THE USE OF DRUGS IN DIARRHŒA; INDICATIONS FOR ALKALIES, ACIDS, ASTRINGENTS, AND OPIATES.

Dr. J. Milton Mabbott read a paper before the N. Y. Academy of Medicine upon this subject. Much clinical and experimental effort has been expended in recent years upon that much-vaunted class of drugs, the antiseptics and antizymotics. It was early inferred that it would be difficult to find an antiseptic capable of internal administration in doses sufficient to kill microbes without proving poisonous to the patient. Baruch, five years ago, referred to the large quantity of an antiseptic necessary to sterilize so extensive a surface, and Vaughan showed the feeble inhibitory power of all the antiseptic drugs upon

the tyrotoxin producing germ. Holt has pointed out, that by reason of absorption, the soluble antiseptics can not reach the lower bowel where the chief trouble lies. But insoluble drugs in a fluid menstruum have very weak antiseptic power. It is probable that the action of bismuth is due more to its astringent and soothing properties than to its antiseptic powers. It seems impossible at present to administer antizymotic drugs by the mouth in such a way as to influence materially the small and large intestine. We are obliged to admit that they have been tried and found wanting.

Nevertheless, the bacterial studies of the disease, especially those of Booker, have taught us to secure asepsis where we cannot apply antiseptics. They have also made clear the *rationale* of certain drugs, especially cathartics.

Stimulants, though locally undesirable, are at times necessary, and sedatives may be required to relieve pain.

Until recently, there seems to have been general consent to the administration of alkalies. But now that we endeavor to promote asepsis, and control fermentation by evacuant, dietary, and hygienic measures, they are certainly less important than formerly. They are usually given with or soon after feeding. When using pepsin, alkalies should be given midway between feedings.

The indications for acids are doubtful. Lactic acid, as proposed by Hayem, is advocated in (1) acute infectious diarrhœa, where the stools are numerous, watery, and often foul but yellow in color; and (2) in green bacillary diarrhœa, for which it is recommended as a specific. Numerous observers have found the reaction of the alimentary canal in healthy infants acid throughout, and Pfeiffer has shown that green stools are associated with alkalinity. Hence, the use of acids would seem to have a rational basis. The dilute mineral acids are commended by many, the dose being one to five drops administered twenty minutes after feeding. The vegetable astringents have, during the last few years, been almost discarded. The same is true, also, of mineral astringents, with a single exception.

trate being the preparation universally esteemed. It is prescribed in much larger doses than formerly, twenty grains every two hours sometimes being given to an infant.

Opiates are less used than formerly. It undoubtedly checks peristalsis. As peristalsis is increased in diarrhœa, this action is desirable after the bowels have been emptied of their objectionable contents, but highly dangerous before. The other indications for opium are the relief of restlessness, pain, and tenesmus, and the control of frequent watery passages. Ashby and Wright recommend it in the latter stages, if the passages continue small and numerous. Holt and Crandall always prescribe the opiate separately, so that it may be conveniently increased, diminished, or withdrawn at will for increasing fever, or if toxic symptoms call for its discontinuance. It should not be given when the passages are infrequent and of bad odor. A decrease in the number of stools, while they become more offensive, contra-indicate its use and demand evacuants. Relief of pain is one of the highest duties of the physician, and unless definitely contra-indicated, sufficient opium should be given to accomplish this.—*Virginia Medical Monthly*.

#### DIAGNOSIS AND TREATMENT OF GASTRIC DISEASE.

Dr. H. C. Tweedy, Physician to Stevens' Hospital, Dublin, (*Dublin Jour. of Med. Science*) contributes some observations on recent aids to the diagnosis and treatment of diseases of the stomach. The splashing sound, or "*clapotement*," a method of examination lauded by Riegel, often gives better results than percussion. This sound may be elicited by pressing repeatedly with the tips of the fingers in the epigastric region. Its lower limit rarely extends below the level of the umbilicus, unless the stomach be dilated, or else displaced downwards. It may be heard in healthy persons more or less plainly if they have taken a large quantity of fluid, or if the abdominal walls are relaxed and not overloaded with

certain the size and position of the stomach. Splashing may under some circumstances originate in the transverse colon; but then the splashing is found along a straight line, or along a curve which is slightly convex *above*, thus distinguishing it from that originating in the stomach, the latter forming a convex line *below*. If these differences are not distinctly marked, we may inflate the stomach by means of a tube. After insufflation of air the splashing sound in the stomach ceases, while that in the colon persists; but as soon as the air is allowed to escape from the stomach the splashing sound reappears. This artificial distension of the stomach by gas or air has been much employed as an aid to diagnosis, with the object of enabling us to map out the contour of the organ and especially its greater curvature.

Dr. Tweedy also directs attention to the use of electricity in the treatment of diseases of the stomach, especially by using the electrode recently introduced by Dr. Max Einhorn, of New York. The most marked results have been obtained, both in cases of dilatation and also in chronic gastric catarrh.—*The Practitioner*.

#### THE SALTS OF STRONTIUM.

A good deal is being written in the journals about the therapeutics of strontium. Professor Laborde, for some time, has been collecting experimental and clinical evidence as to the physiological action and therapeutic effect of the salts of this metal, and his conclusion has been that the drug possesses powers for good not sufficiently recognized. Other well-known authorities, such as Brunton, Dujardin-Beaumetz, Germain See and others, practically agree with Laborde. Clinically the bromide of strontium is found exceedingly useful in those nervous disorders in which the bromides of sodium and potassium can not be satisfactorily employed. It does not disturb the stomach functions, while appetite and digestion are even said to be improved by it. The lactate of strontium seems to possess decided virtue in the treatment of albuminuria. Although

not a diuretic, it does diminish the amount of albumen excreted, and leads to an improvement in all the collateral symptoms of albuminuria. Albumen reappears whenever the drug is suspended and disappears again as soon as it is resumed. Different observers agree that the salt is indicated in the "parenchymatous nephritis of gouty and rheu-

## Miscellany.

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### HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases  
for week ending June 3, 1892:

Heart Disease.....	6
Liver Disease.....	3
Meningitis.....	3
Nephritis.....	2
Peritonitis.....	3
Pneumonia.....	9
Other Local Diseases.....	20—56
Deaths from Developmental Diseases.....	14
Deaths from Violence.....	5
Deaths from all causes.....	119
Annual rate per 1,000.....	20.28
Deaths under 1 year.....	28
Deaths between 1 and 5 years.....	6—34
Deaths during preceding week.....	89
Deaths for corresponding week of 1891.....	101
Deaths for corresponding week of 1890.....	142
Deaths for corresponding week of 1889.....	102
J. W. PRENDERGAST, M.D., Health Officer.	

## OHIO HEALTH BULLETIN.

Infectious Diseases reported to the Ohio State Board of Health in 47 cities and towns during the week ending June 3, 1892:

<i>Diphtheria:</i>		Cases.	Deaths.	<i>Scarlet Fever:</i>		Cases.	Deaths.
Akron.....	1	..		Akron.....	1	..	
Cincinnati.....	15	3		Avondale.....	4	..	
Cleveland.....	9	1		Carthage.....	1	..	
Clifton.....	1	..		Chillicothe.....	3	..	
Columbus.....	2	..		Cincinnati.....	11	1	
Coshocton.....	1	..		Cleveland.....	14	3	
Elmwood.....	6	1		Columbus.....	3	..	
Lima.....	3	1		Delphos.....	1	..	
Middletown.....	1	..		E. Liverpool.....	2	..	
Portsmouth.....	2	..		Fostoria.....	2	..	
Salem.....	2	1		Garrettsville.....	2	..	
Springfield.....	1	1		Ironton.....	1	..	
Toledo.....	5	..		Middletown.....	1	..	
<i>Typhoid Fever:</i>				New Lisbon.....	2	..	
Brookville.....	1	..		N. Amherst.....	1	..	
Bucyrus.....	7	..		Portsmouth.....	4	..	
Cincinnati.....	1	3		Springfield.....	2	..	
Cleveland.....	9	4		Toledo.....	7	..	
Hanging Rock.....	1	..		Urbana.....	1	..	
Toledo.....	..	1		Wellston.....	1	..	
<i>Measles:</i>				West Liberty.....	2	..	
Bucyrus.....	6	..		Youngstown.....	8	1	
Cincinnati.....	20	..		<i>Whooping-Cough:</i>			
Cleveland.....	40	2		Amelia.....	5	..	
Clifton.....	1	..		Brookville.....	2	..	
Fostoria.....	5	..		Cincinnati.....	1	2	
Lima.....	9	1		Fostoria.....	1	..	

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## PHYSICAL HYGIENE AND THE BICYCLE.

Almost every form of physical exercise has its enthusiastic advocates who base their opinion of its superiority over other methods either upon the ground of healthfulness or pleasure. The young and vigorous, who "know not of their health," give little thought to the *method* of exercise so long as it meets the requirements of pleasure alone, and therefore the billiard-room and the bowling-alley possess attractions to a host of young men who imagine that they are fulfilling the various necessities of physical exercise by punching billiard-balls, in a hot and close atmosphere surcharged with tobacco smoke, or bowling in some underground alley-way.

All indoor athletics are, at the best, but a poor sort of makeshift for the attainment and preservation of health. The perfections of bodily and mental activity can be successfully wooed and kept only in the free open air and bright sunshine. Even the gymnasium, with its rational and thoroughly systematized methods and its corps of well-trained instructors, falls far short of accomplishing the best possible good for the miserable dyspeptic with his lazy liver, or for that utter exhaustion of the nervous system which is such a frequent result of a busy life in our restless, rushing civilization.

Physical exercise, to be beneficial, must in no way be perfunctory. The daily walk to and from one's business is a relief and a benefit, no doubt, but how stale and unprofitable it becomes after a time! There are four things which few men learn early, and the majority never, and these are: How and what to eat and drink, and how and when to exercise the body.

Every sensible and observing physician, the longer he lives, must become

too much, and too often the diseases and symptoms of disease for which relief is sought by this indiscriminate dosing are stimulated into increased activity. If men would be strictly temperate in eating and drinking, taking the simplest food and no more than is absolutely necessary to repair the ordinary waste of the body, the healthful activity of its various functions could be maintained with the minimum of muscular exercise. This Spartan simplicity of diet, however, is seldom attempted.

The appetite is a capricious master, and the difficulty is that the table offers temptations to eat and drink a far greater amount than this human furnace of ours can take care of without a very active draught in the shape of bodily exercise. The title of this article is "Physical Hygiene and the Bicycle," but, like Artemus Ward, in his lecture on "Sixty Minutes in Africa," in which he said nothing about Africa, I have said nothing about the bicycle. And yet he who reads and has appreciated, as the writer has, the pleasure and lasting benefits that come through this form of exercise, will easily see *bicycle* written between all the lines. Upon that subject, indeed, I claim the right to speak with authority, since for years I had felt the necessity of counteracting in some way just such a condition of affairs as I have briefly attempted to portray. The gymnasium, horseback riding, pedestrianism—all these have at various times been attempted with more or less enthusiasm and persistency, and not without avail, but never until I purchased a bicycle and learned its use did I get the best return in health and pleasure. It is not less exhilarating nor more exhausting than horseback riding, and, contrary to the frequently expressed opinion of those who had no practical experience in this direction, it brings into active play a greater number of muscles than any other form of rational athletic sport.

If anything was wanting to render more complete my enthusiasm over the delights and benefits to be derived from the bicycle, it was supplied in abundant measure last summer by a ride of two hundred miles or more through the

Berkshires. Having mapped out our route by the aid of one of the numerous road and guide books which give very accurate information as to the character of every road, a party of five of us started with our Columbias by train for Great Barrington. Reaching that place at noon we wheeled to Lenox, where we passed the night.

The next day found us on our way through Pittsfield to North Adams, where an excellent dinner and a night's rest prepared us for the third day of our outing. On a road as smooth as concrete, and following the trend of the mountain range, from which the summit of old Greylock towers high above its fellows, we passed through the charming village of Williamstown, and thence through one of the most beautiful and picturesque of valleys to the old town of Lebanon, with its springs and Shaker settlement. The fourth day of our ride was along the banks of a rapid stream through the Kinderhook valley to the town of Kinderhook, thence to the city of Hudson on the Hudson.

Having thus in four days easily completed two sides to the triangle of our journey, we began on the morning of the fifth day of our ride over the side, or base, *en route* for Great Barrington. Dining at a comfortable farm-house twelve miles from Hudson, we spent the night some ten miles farther on, at the pretty little town of Hillsdale. A few miles out of Hillsdale we encountered the next day the first real work of our journey. Here we were confronted by a barrier of hills, over which no bicyclist, however skillful or strong, could hope to ride. For three miles we pushed our wheels before us until, finally reaching the summit, we found that we were to be many times repaid for the work so readily accomplished.

Not only was the view surpassingly beautiful, but, stretching out for miles before us to the valley below, we found the road as hard and as smooth as concrete.

A ride such as we then enjoyed is not to be had every day. Placing our feet upon the foot-rests and occasionally using the brake to check somewhat the rapidity of our flight, away we went

have ridden behind race-horses, on locomotives, and on horses fleet and strong, but never before had I experienced such perfectly joyous and exhilarating emotions as in that swift ride down the eastern slope of the Berkshires. It was the very poetry of motion, and we wheeled to the steps of the hotel, whence we started just six days before, with keener appetites, more vigorous digestion, and in that condition of complete health only found when the collective bodily activities seem one, each organ performing its function unconsciously, unheeded.—A. D. ROCKWELL, M.D., in the *Canada Medical Record*.

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## CONTENTS.

### ORIGINAL ARTICLES.

- TUBERCULOSIS OF BONE. By N. P. Dandridge, M.D.,  
Cincinnati. 805  
REPORT OF TWELVE CASES OF HERNIOTOMY. By B. M.  
Ricketts, M.D., Cincinnati. 813

### SOCIETY REPORTS.

- ACADEMY OF MEDICINE.  
Meeting of May 23, 1892.  
I. Peculiar Knee Joint.—II. Fracture of the Spine;  
Paraplegia; Recovery. By Geo. W. Ryan, M.D. 815  
Meeting of May 30, 1892.  
Discussion on Herniotomy. 817

### TRANSLATIONS.

- THERAPEUTIC NOTES. By F. H. Pritchard, M.D.  
Treatment of Singultus.—Cystitis in Women. 812  
A Dressing for Burns. 815  
The Treatment of Soft Goitre by Parenchymatous  
Injections of Iodoform.—Collodion in Erysipelas.  
—Treatment of Pediculi Pubis. 821  
Broncho-Pneumonia of Intestinal Origin and its Treat-  
ment.—The Treatment of Ozena. 822  
Treatment of Hypertrophic Rhinitis with Loss of  
Smell.—Chronic Acid as a Reagent in Testing for  
Albumen and Bile.—Catarrhal Laryngitis of Bicy-  
clists. 823

### EDITORIAL.

- THE FORTY-THIRD ANNUAL MEETING OF THE AMERICAN  
Medical Association. 824  
EDITORIAL NOTES: Officers of the American Medical  
Association.—The Secretary of Public Health. 826

### SELECTIONS.

- Effect of Ice-Bags in Amputation. 827  
Brain Tumors. 828  
Two Cases of Empyema Quickly Following Simple Pleural  
Effusions. 829  
Self-Induced Abortion by a Glass Rod. 830  
Surgical Treatment of Tubercular Peritonitis in Children.  
—Influence upon a Nursing Child of Food and Medi-  
cines Administered to the Mother. 831  
Remote Results of Removal of the Tubes and Ovaries —  
The Treatment of Cancer. 832

### MISCELLANY.

- Report of the Health Department of Cincinnati. 833  
On the Applicability of Aluminium to Objects of Common  
Use. 833  
The Man with a Musical Anus. 834  
Substances Incompatible with Antipyrin. 836

### BIBLIOGRAPHY.

- Meddelelser om Skarlagensfeber Klinisk-Anatomiske  
Studie, Kopen. 835  
Lecons sur L'Alcoolisme, Villard and Pagliano. 835

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### Original Articles.

#### TUBERCULOSIS OF BONE.

A Paper read before the Ohio State Medical Society, May 6, 1892,

BY

N. P. DANDRIDGE, M.D.,

CINCINNATI.

In presenting the subject of tuberculosis of bone to the Society, I shall confine myself to a consideration of the most practical aspects of the subject, and especially the indications and resources we possess to combat and control this process.

The discovery of the frequency with which the bacillus tuberculosis invades the osseous tissues has simplified the many large and obscure problems connected with bone pathology, and has based our views of etiology and treatment on a much broader and firmer basis than when these processes were ascribed to the very illy-defined influence of struma and scrofula, whether excited or not by the presence of trauma. The essential condition of tuberculosis is the presence of the bacillus tuberculosis, and whenever this germ is discovered the pathological process is regarded as tubercular.

It is thus found that the lungs can no longer be regarded as the only, or indeed the more generally occupied ground of bacillary attack, but that the lymphatic glands, osseous tissue, peritoneum, mucous membrane, skin, and the various organs of the body are very frequently the seat of tubercular processes, and that these lesions may represent and remain as primary foci of disease, or secondary processes may be developed from them, and that each may be-

come the origin of a generalized tuberculosis.

The distribution of surgical tuberculosis is shown by the figures of the Würzburg Clinic, quoted by Osler. In 1,287 tuberculous cases the lesions were distributed as follows: Bones and joints 1,037; lymph gland 196; skin and connective tissue seventy-seven; mucous membranes ten; genito-urinary organs twenty.

A proper appreciation of the course and pathological anatomy of the tubercular process is essential for a just understanding of the methods of treatment. What I shall say upon this part of the subject will be drawn very largely from the writings of Senn.

"The effect of the bacillus tuberculosis on the tissue is to produce a chronic inflammation, which invariably results in the production of granulative tissue. The characteristic pathological feature of every tubercular product consists in the tendency of the cells to undergo early degenerative changes, which are caused by local anæmia and the specific chemical action of the ptomaines of the tubercle bacilli, and consist in coagulative necrosis caseation and liquefaction of the cheesy material into an emulsion, which has always been regarded as pus, until recent investigations have shown that it is simply the product of retrograde tissue metamorphosis, and not true pus. I believe it can now be considered a settled fact that the bacillus tuberculosis is not a pyogenic microbe, and that in the absence of the microbes it produces a specific form of chronic inflammation, which invariably terminates in the formation of granulative tissue; and that when true suppuration takes place in the tubercular product it occurs in con-

sequence of secondary infection with pus microbes" (Senn).

The bacillus may succumb to the natural resistance of the tissues, and the granulation tissue is then converted into cicatricial tissue, and a spontaneous cure ensues. "If the bacilli, however, destroy the granulation cells, coagulative necrosis, caseation and liquefaction of the infected tissues takes place, a spontaneous cure is, however, still possible if the fluid portion is absorbed, and the solid débris becomes encapsulated. The same favorable termination is cited under similar circumstances if the primary lesion has healed, and the inflammatory product is removed by operative interference, under the strictest antiseptic precaution, or if at the same time the primary forms can be removed by extending the operation to the primary lesion." Should infection by pyogenic microbes take place, suppuration will occur, and in the process of time all of the tissues infected with the bacillus may be destroyed, and a cure thus be affected. This result is of frequent occurrence in the lymphatic glands of the neck, but is only completed after a long suppurative process, during the continuance of which septic infection may occur, or amyloid degeneration develop, if the "discharges have been long enough continued, and are sufficiently profuse."

From the above citations it is apparent that the modern doctrine of tuberculosis teaches that the tubercular process, due to bacillary infection, is necessarily very chronic in its course, but may, under favorable circumstances run its course as a local affection and terminate spontaneously, generally, however, leaving permanent evidence of its presence by the development of cicatricial tissue, which follows the destructive effects of the bacillus upon the tissues invaded.

In applying the above-determined data to tuberculosis of bone, I shall make no distinction between tuberculosis of bone and joints, but shall consider them as inseparably bound together.

By far the larger portion of chronic diseases of the joints, and according to

Volkman, all cases in children, commence as a tubercular osteitis, and in only the minority is the synovial membrane first attacked.

Tuberculosis of bone is necessarily an embolic infection, "the lumen of the vessels being directly blocked by the bacilli; or implantation on the walls of the vessel" taking place, a subsequent thrombus ensues.

The condition most favorable for these results are to be found in the epiphyseal line of the long bones, or in the cancellated bones when the medulla predominates during the growing periods of life, and in consequence we find a large proportion of cases of osseous tuberculosis in early childhood.

The source of infection in bone tuberculosis where there is absence of evident tubercular lesions elsewhere is probably to be found in the alimentary canal or respiratory tract. The tubercular process once started in the bony tissue, the development of the characteristic granulation tissue can only take place at the expense of the osseous trabeculae, so that a condition of rarefying osteitis develops more or less slowly, according to the very varying conditions of different cases. The tubercular process may remain limited to the epiphysis, and result in a circumscribed necrosis, or in the formation of one or more caseous masses, which may or may not liquefy, or a spontaneous cure may result, with little or no impairment of the neighboring joint.

The destructive tubercular process generally, however, reaches the joint surface, the cavity of which becomes filled with fungous granulation tissue, with a very varying amount of fluid, which generally contains more or less flocculent caseous material. This growth of the tubercular granulation tissue is associated with a thickening and oedematous condition of the synovial membrane, and with a greater or less amount of destruction in this membrane and the other constituent structures of the joint. Entire cessation of the disease process is still possible, leaving the joint impaired by the thickening of the peri-articular tissues, the formation of inter-articular fibrous adhesions, or,

much more rarely, by a true osseous ankylosis.

Whether of primary osseous or synovial origin, the tubercular process does not, in a large proportion of cases, confine its action to these structures, but invades the surrounding structures. Abscesses frequently develop. These may be directly connected with the disease in the bone or in the joint cavity, or may be apparently independent of the primary foci. In a limited number of cases absorption and disappearance of the abscess may take place, but in the great majority of cases they find their way to the surface, and very intractable sinuses and fistulæ ensue. Abscess is said to occur in about 50 per cent. of the cases of tubercular joint disease.

A knowledge of the character of these abscesses is essential to a full understanding of the course of bone tuberculosis. "In all tubercles two processes go on; the one caseation, destructive and dangerous, and the other sclerosis, conservative and healing. In so-called cold tuberculous abscess the material is not, histologically, pus, but a *débris* consisting of broken-down cells and cheesy material" (Osler). It is thus we can understand their long-continued quiescent state, to be suddenly broken by the abrupt development of the symptoms of septicæmia when septic infection takes place after surgical interference. On the boundaries of these abscesses the tissues are crowded with leucocytes, which probably exercise an active influence in limiting the progress of the tubercular invasion. The cheesy tubercular product found in these cavities rapidly produces a tubercular infection, as was shown by Villemin by inoculations, and are often the source of auto-infection and a generalization of the disease. When the tubercular abscess contains true pus it must be due to an infection by pathogenic germs, and when such infection takes place there is usually a much more rapid development, with active symptoms of pain and fever.

The tubercular abscess tends to wander from its point of origin, and, either by the force of gravity or guided by

some overlying and opposing fascia, reaches the surface a long distance from the starting-point. These abscesses, in their wandering, may leave behind them a long continuous fistulous tract, forming an unbroken connection with the seat of primary disease; or the tract may close and leave the abscess circumscribed and isolated. If, now, the primary disease undergoes a cure, we have a residual abscess, which may remain latent for an indefinite time, may possibly disappear or may finally reach the surface at a distance from its origin, or may become the source of further infection. Experience has abundantly shown that if the contents of these abscesses is removed and the surrounding tubercular tissue fully destroyed, the lesion loses its tubercular character, and may definitely and permanently heal by first intention throughout, and so abruptly terminate the disease, if the primary focus is controlled, which, left to itself, could only come to an end after a very chronic course, with the possible inter-currence of such dangerous conditions as septicæmia, secondary tubercular foci and generalization of tuberculosis.

From the above brief account of the pathological anatomy of bone tuberculosis, it is apparent that the affection of bone and joint are inseparable, and it is now generally admitted that the large majority of chronic diseases of joints are in reality of a tubercular character. The shaft of the long bones, on the other hand, are seldom affected, and those cases of osteomyelitis which result in more or less necrosis are due not to bacillary infection, but to the presence of the microbes of suppuration, and not to any specific germs.

The effect of tuberculosis of bone is not by any means limited to the destructive action on the bone ends and joints and the invasion of the surrounding tissue. From the earliest stage there is developed a series of "neuro-muscular phenomena," characterized by muscular contraction, which at first causes fixation of the joint, and later results in permanent shortening and fibroid degeneration of the muscles, which produce the displacements and deformities found in joint disease. These muscular

contractions play a most important part in the symptoms and course of joint disease of all kinds, and are responsible for much of the pain and most of the deformities, and are indirectly responsible for many of the abscesses which are of such frequent occurrence. The increase in joint pressure which they produce exercises a destructive action on the softened bone tissue.

Among the very early symptoms of joint disease, atrophy of the muscles which move the articulation must be noted—an atrophy which generally leaves a marked impairment in growth throughout life. A large part of the treatment in joint disease is directed towards controlling or overcoming reflex and voluntary muscular movements. We have seen the controlling influence of bacillary infection as an etiological factor in the production of tubercular lesions; it is more than probable that trauma plays a secondary but important rôle in preparing the soil for the reception of the seed. Certainly in the developed tubercular process we constantly see the hurtful influence of trauma, whether owing to joint pressure from superincumbent weight or muscular contraction, or caused by over-strain or even slight movement.

It is not my purpose to enter into a full discussion of the symptoms of bone tuberculosis; certain symptoms must, however, be referred to. Pain is by no means a constant symptom; even cases of hip-joint disease may run their course without any notable degree of pain. It often is, however, present in an agonizing degree, and becomes a dominant symptom. It is usually more intense while the process is limited to bone or joint, and is then in its tension. In the later stage, where extensive destruction has taken place, it is often notable by its absence. Movement and joint pressure always intensify it when present. An evening increase of temperature to a slight degree in the early stage can generally be found if sought for, but so slightly disturbing in its effect that the use of the thermometer can alone determine its presence. In many cases and in times—probably in most cases—it becomes a notable symptom. It is

seldom absent in children when there is pain. It is generally associated with suppurative processes when there is imperfect drainage, thought not necessarily with discharging sinuses. Its sudden occurrence may be due to a forming abscess, an accidental disturbance of digestion, or to some simple emotional cause.

Atrophy of limb and fixation and rigidity are both symptoms of great importance, as they are of early occurrence, often the first definite evidence of joint disease. In the later stages muscular contraction determines largely the permanent loss of function and determines the presence of characteristic deformities.

In discussing the question of treatment in bone tuberculosis, we must keep clearly in mind the widely divergent conditions we are called upon to meet in the early and late stages of the disease, both in regard to the amount of local destruction and the integrity, more or less impaired, of the different organs of the body. From the above discussion of the pathological anatomy of tuberculosis it is apparent that we are dealing with a process essentially chronic in character, but one which may come to a spontaneous cure with little or no destruction or impairment of function; that, on the other hand, reparative action may take place after the largest destruction of the parts, and bony ankylosis ensue. It is never to be forgotten that the disease tends to the production of definite deformities by muscular action as well as by the destruction of joint surfaces; deformities that will become permanent if a cessation of the active disease ensues.

First, then, the indications in the early stage are largely summed up in simple rest of the affected part—a rest which shall avoid the hurtful influence of pressure, of concussion and of movement. The thoroughness with which this can be accomplished differs greatly in the different joints, and the methods differ so greatly and so widely that I must confine myself to the methods best adapted to a single joint.

In the hip joint, rest is best secured by recumbency in bed, while inter-ar-

icular pressure, muscular contraction, and deformity, are prevented by weight extension. In the less acute cases this alone often suffices, but in the more severe cases it is also necessary to immobilize the body. For this purpose the simple bed frame used by Bradford in the Children's Hospital, of Boston, answers an admirable purpose. Should the flexion and adduction, or abduction, have already taken place, the extension should always be begun in the line of the deformity. For this purpose I have found convenient a bed frame which I have employed in the Children's Hospital of this city.

The length of time necessary for the treatment by recumbency varies from a few weeks to many months. In exceptionally severe cases, when pain is a notable feature, a plaster-of-Paris splint from the ankle to the nipple line is employed. When the patient is allowed to get up, the diseased hip is protected by one of two methods: A long traction splint, such as is used by the Boston Hospital, is applied with a high shoe to the sound leg. In this splint the weight of the body rests on perineal straps, and traction is effected by bands reaching to the foot-piece. In the other method, the Thomas splint is used, which simply immobilizes the joint without traction, while the patient goes about on crutches, being lifted up on a high shoe on the sound side. The use of the high shoe and crutches, without support to the joint, as suggested by Hutchinson, cannot be safely trusted until all tendency to muscular contraction is long past, and will not prevent the characteristic flexion and adduction in the earlier stage, even in mild cases. Some of the most marked deformities I have met with have been subjected to this treatment, cases which have otherwise run a most favorable course.

In a large proportion of cases the above means will conduct the case to a successful termination. The length of time has been studied by Shaffer and Lovett in thirty-four cases, and lasted from two to eight years. Twenty-three of the thirty-four the cases were under treatment from three to four years. It must be observed that the

treatment thus advocated in hip-joint disease is directed largely to protection of the joint against such hurtful influences as jars, strains, movements, and pressure. Traction limits, though it does not entirely prevent, joint movement, and relieves joint pressure very largely by controlling muscular spasm, and so obviates the pain and the effect of such hurtful influence upon the rarified bone tissue. Where efficient joint protection is preserved in the percentage of cases in which abscess develops, it is greatly diminished.

Surgeons are by no means agreed upon the best treatment of tubercular abscesses. Aspiration is advised by some and condemned as useless by others. Townsend and Gibney report a considerable of success, while Lovett finds little of promise in the method. I had myself rather inclined to this latter view, until some recent experience has made me look much more favorably upon it. Undertaken with ordinary care septic infection is not liable to take place, the prevention of which requires unusual precaution in open incision, and unless therefore all the means are at hand to secure perfect asepticism, aspiration should be tried and repeated if necessary, and if a cure is not effected in a considerable proportion of cases the size of the abscess will be markedly diminished, and so rendered more favorable for a more radical operation. These favorable changes are generally associated with an improvement of the symptoms dependent upon pressure.

As first suggested by Verneuil, the injection of abscess cavities by an emulsion or solution of iodoform is becoming more and more prominent. It has recently been strongly advocated by Senn. This agent has a strongly inhibitory action on the development of the bacilli. A solution of iodoform in ether was at first used, but is strongly condemned by Senn, and an emulsion in glycerine or oil advocated in its place. The method of procedure is as follows: The surface of the abscess is carefully disinfected and the solution, trocar, and syringe, to be used most carefully, sterilized by heat. The abscess cavity is punctured by a trocar of sufficient size to permit

the complete evacuation of the abscess cavity, and if there are any curdy masses present they should be washed out with a three per cent. solution of boracic acid. From half an ounce to two ounces of a three per cent. solution of iodoform in glycerine or oil is then thrown in and allowed to remain, the dressing being so arranged as to make even pressure. The method is equally applicable to tubercular joints or ossification. Here interstitial injection of the solutions are to be made in the thickened capsule and into the tubercular foci. The injection is to be repeated at intervals of a few days. A rapid diminution of the abscess cavity is said to occur. Senn further advocates the injection of the same emulsion directly into the substance of bone affected by penetrating the outer shell with a trocar and cannula. In one case of hip-joint disease treated in this way the outcome has been thus far very satisfactory. This child entered the Children's Hospital last fall, having suffered with symptoms of hip-joint disease for about two years of about an average severity. There had been no suppuration and no evidence of forming abscess. There was a slight rise of evening temperature and the hip was flexed and adducted. This mal-position was corrected by extension, and the iodoform emulsion in glycerine was injected on three different occasions. The needle of the syringe, which holds an ounce, was driven down into the bone just above the trochanter, and an attempt was made to evacuate any fluid which might be found in the joint cavity. This proved fruitless, and about two drachms of the ten per cent. solution was then thrown in and allowed to remain. The operation was performed under local anæsthesia with ether spray, without pain; no reaction followed. Extension was kept up for several weeks, and the child then allowed to get up on a traction splint. The present condition is favorable; the limb is in good position, without any movement at the joint. Whether this result is due in any way to the iodoform injection, or whether we simply had to do with a mild case, which readily yielded to properly ap-

plied extension, it is impossible to say. If the injections did no good, they certainly did no harm.

Interstitial injections of the emulsion of iodoform into tubercular bone, foci and joints and abscess offers sufficient encouragement for further trial, but the cases thus far reported hardly sustain the high estimate held by some of the results of this method.

The balsam of Peru is said to be almost equal in efficiency to iodoform. In this connection the injection of zinc chloride, as advocated by Lannelogue, should be mentioned. I have had no experience with the method.

With more confidence, and with a larger experience, I can recommend free incision of tubercular abscess, whether directly connected with diseased bone or not. The incision should be free enough to lay bare the entire cavity, so that the walls can be thoroughly scraped and all diseased tissue removed with curette, scissors or knife. The cavity is then to be thoroughly flushed out with a bichloride solution or hot sterilized water. Bleeding may be checked by packing with iodoform sterilized gauze. The cavity is then filled with the iodoform emulsion and sewed up tight, the emulsion being largely squeezed out, or a drainage-tube may be inserted. When this is done the tube should be removed in a short time. The dressing should be so arranged as to make even and firm pressure over the seat of operation, so as to bring into contact the walls of the wound. Increasing confidence is being felt in treating these cases without drainage entirely; complete and satisfactory healing is much more often obtained, and persistent fistula less often left behind, than when a drainage-tube is used, provided, of course, the operation has been so thorough as to completely destroy all tubercular tissue.

These operations must be conducted with thorough antiseptic precautions, from fear of septic infection, and the destruction of the tubercular tissue should be complete, lest a rapid reinfection of the wound surface or recent cicatrix ensue from diseased tissue left behind, or even a general tuberculosis.



Extensive involvement of the wound region is not an infrequent sequel to these operations.

It is evident that the tubercular abscesses, associated with the different bones, differ greatly in the facility and efficacy with which the direction above given can be carried out. In most of the cases associated with spinal disease thorough and complete operation is impossible. In such cases free incision, free drainage, and frequent irrigation should be practiced. In such cases the peroxide of hydrogen is the best and most far-reaching antiseptic. Of the methods described most confidence should, I think, be placed on free incision, and, as a rule, I should advocate early operation, believing that we have good prospect of rapid and permanent cure. It must, however, be remembered that such authorities as Schaffer and Judson strongly advise the propriety of non-interference.

It may be well to here consider the influence of abscess on the prognosis of joint tuberculosis. It certainly complicates mechanical treatment, is more frequently seen in untreated than in well-treated cases, and much more frequently in rapidly-developing and severe than in mild cases. But on the whole there seems to be a growing confidence in the fact that the presence of abscess does not necessarily increase the gravity of the outlook of joint cases in regard to the length of the disease, or the future function of the joint. Indeed, Gibney has recently asserted that in disease of the ankle joint suppuration is a favorable, rather than unfavorable symptom.

Lovitt and Shaffer have studied the effect of the development in thirty-nine cured cases of hip-joint disease treated by mechanic means. In these thirty-nine cases there was one or more abscesses in twenty-seven.

The result in these twenty-seven cases was as follows: No motion in twelve; slight motion in four; ten to forty-five degrees motion in five; ninety degrees motion in three; perfectly free motion in two.

There remains the operative treatment of hip-joint disease to consider.

Considering the satisfactory results which follow the complete removal of a circumscribed tubercular process, such as seems to follow the complete removal of tubercular cervical glands, it might be inferred that early and complete removal of the bone lesion would yield equally excellent results, and so indeed it is considered to do by some surgeons. Among the most pronounced advocates of early excision is G. A. Wright, of Manchester, England, who asserts that "treatment short of excision, when once suppuration occurs, is useful only as a palliative, or as a means of temporizing."

Such radical views have certainly not met with general acceptance, and cannot be said to be sustained by the facts, as seen by the considerations above quoted. Both, as to the functional results obtained, and the mortality Lovett, in his recent book on diseases of the hip, has very conclusively shown that mechanical treatment is superior to excision.

That excision does not secure immunity from general or secondary infection is shown by Koenig, who found after twenty-one excisions that death occurred within four years in 47.6 per cent. from tubercular lesions elsewhere. Cammont, in twenty-two excisions, found death to be due to subsequent tubercular trouble elsewhere in one-third of the cases, while in twenty-six treated conservatively, or one-fifth, were lost by this affection.

There remains a considerable number of cases that have either been untreated, insufficiently treated, or have not yielded to conservative treatment, in which more radical operative measures are called for. To quote from Bradford and Lovett: "Excision has no place in the routine treatment of hip-joint disease, because its mortality is higher and its results inferior to mechanical treatment. It has, however, a decided usefulness in late cases, when it becomes a distinctly life-saving procedure, and in severe cases, at an early stage, where no home treatment or adequate hospital treatment for a long time is practicable."

The satisfactory results of the re-

removal of tubercular glands and abscesses and the influence of the operation of erosion, particularly as applied to the knee joint, have materially modified the methods of excision. The formal removal of the joint surface should no longer be held to be sufficient, but the operator should only be satisfied when, with curette or knife or scissors or catery, he has thoroughly and completely destroyed every form of tubercular disease within and without the joint.

The variety of operative methods does not come within the province of this paper. Excision should be reserved for cases of advanced disease, especially where, with extensive bone destruction, discharging sinuses have defied treatment, or are immediately threatening life, and particularly when "displacement of the head of the femur on dorsum ilei has occurred, with chronic sinuses and deformity."

The existence of simple sinuses does not in itself necessarily determine the necessity for excision. An attempt, however, should always be made to control suppuration by curetting these tracts, by securing free drainage, and the constant use of antiseptics; of these latter, the peroxide of hydrogen stands preëminent. Even when excision is determined on the intervening time should be employed in the careful and frequent disinfection of these tracts.

There remains as a final resort amputation. Amputation in advanced cases of tubercular joint disease should, I am satisfied, play a more important rôle than it usually does in both child and adult. Often, after months or years, a shrivelled and deformed limb is preserved, a detriment and an inconvenience, and often a source of fresh danger, when an amputation would have restored health, avoided suffering, and left the individual less a cripple than when embarrassed with a dangling appendage, immovable wrist and fingers, or a foot which will no longer bear the

this final step, and have much more often regretted its omission.

The general principles upon which rest the methods above described in the treatment of hip-joint disease are equally applicable to tubercular bone disease elsewhere. In an early stage rest as complete as possible should be secured for the seat of disease, and this alone, if persevered in for a sufficient time, which is to be measured by years, will affect a cure in a considerable proportion of cases. The appropriate mechanical means differs, of course, with the different seat of disease. This rest, to be efficient, must control muscular contraction, and so prevent deformity as well as pain. The interstitial and inter-articular injection of iodoform emulsion promises sufficient results to justify extensive trial, and it may be that we will by this means be able to control and destroy the early developing centres of disease. It would seem to be especially applicable to limited foci of disease situated in regions not readily accessible. Readily accessible abscess had better be freely and early incised, and in those not readily reached by the knife the aspirator may be used with fair prospect of success.

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#### TREATMENT OF SINGULTUS.

Dr. Browne (*Deutsche med. Wochenschrift*, No. 21, 1892) has treated cases of singultus with success by washing out the stomach after medicinal treatment had been tried in vain. Dr. Leloir reports in the French Academy of Sciences that he has successfully treated this affection by pressing the phrenic nerve at the clavicle, between the two divisions of the sterno-cleido-mastoid.

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#### CYSTITIS IN WOMEN.

In cystitis in women (*Deutsche med. Wochenschrift*, No. 21, 1892) introduce a tampon into the vagina covered with the following solution:

# REPORT OF TWELVE CASES OF HERNIOTOMY.

A Paper read before the Academy of Medicine, May 30, 1892,

BY

B. M. RICKETTS, M.D.,

CINCINNATI, O.

I have selected for my subject this evening herniotomy. It is a subject that has been before the profession during the last ten years for consideration, and one that largely merits the consideration of not only surgeons but practitioners in general. I don't know of any deformity in which there can be so much done; in a deformity in which an operation will take a man that is a non-producer and make him self-supporting, and take him from the care and charity of our alms-houses.

The per cent. of persons who are ruptured is something like 15, I think; something in that proportion of the males, and about 9 to 11 per cent. of the females.

It is not worth while to enter into the different kinds of hernias this evening, because the treatment is about the same with them all. However, those with which I have to deal are the complete and incomplete hernias and the strangulated hernias, and also the direct. I have read the literature upon this subject pretty thoroughly, and, while we have not many years to judge this operation—the result of it—I am thoroughly satisfied that the per cent. of cures justifies us in operating for all of these hernias. I even include the ventral hernia.

There are numerous operators, and each one has *his* peculiar mode of operating. In the few I have made—I have made the various operations, almost all I have seen described—I commenced with my first operation, for strangulated hernia, by sewing up the hernia. Formerly, the mortality of strangulated hernia was the discouraging feature of operating upon the cases of election. The number of herniotomies I have made is twelve, having operated on ten different patients.

My first case was that of a young

man nineteen years of age, and was a direct hernia on the left side. It was returned to the channel, sewed up with silk, and the wound allowed to heal by granulation.

The second was a strangulated hernia, patient *æt.* twenty-two, and was on the left side.

My next case was of the same character, and the operation the same.

The fourth case was a traumatic one, which was reported by myself, the report being written up by Dr. Murphy. It was that of a boy caught on the whiffletree, which passed up and tore the flesh, so that the intestine protruded. The tissue was much lacerated, and after sewing up the wound with silk I allowed it to heal by granulation. There was inflammation to contend with in the scrotum, and a severe abscess in the scrotum also which I had to open. He was a long time recovering. This was on the left side.

The next herniotomy was performed on a negro boy eighteen months old. It was on the left side, and was a case referred to me by Dr. J. S. Caldwell. He had an extensive hernia, and it was a question whether or not to operate. A few months after the operation the hernia returned. As I stated before the Ohio State Medical Society, I would rather think this was my fault than to condemn the operation. There were many peculiar circumstances connected with this case. It was a poor family, etc.

The next was a double operation on a boy with extravasation of the bladder. He was aged nine years, and the rupture a single one on both sides, because there was no pelvic arch. I didn't know whether I could bring the arch together and prevent the protruding of the intestine or not, but I tried and succeeded. I made an incision, returned the intestine, and sewed it up with silk.

My next case was a man fifty-two years of age, and on the left side. I found a complete scrotal hernia, and a rather extensive one, that had existed about nine years. The gut was returned and the sac cut off, and then sewed up.

The next herniotomy was on a patient aged forty-four years, and was on

the right side. It was one of the cases in which the sac was returned and the canal closed. The sac being a short one, it was cut off.

The next case was aged twenty-three years, and on the right side; the next four years, and on the left side; and the last one a patient twenty years of age, and was on both the right and left sides. It was operated on about the 6th of January, having been strangulated the day before. It made an uninterrupted recovery, and I left the silk in that I might have granulation, and the ligature that was applied the highest did not come out until about the ninth or tenth week. After he had gone to his home and had been there about two weeks, he noticed a hernia on the left side. I found that, although it had not been noticed, it probably had existed for some time. I made the same operation I had made before, and in this case incorporated the sac in the canal and sewed it up with the hernia. The second or third day we had erysipelas to contend with. The temperature was  $101.5^{\circ}$ , and there were abscesses in the scrotum. He remained in the house four or five weeks and was then sent to his home.

I find that my patients have ranged in age from eighteen months to fifty-two years. Catgut was used in six cases, and in Nos. 6 and 8 catgut was used and we had primary union. As to primary union, I find some author recently is advising us to secure primary union, so that if the rupture should ever return, that he can the better wear a truss. This gentleman claims to have collected a great number of herniotomies, and he states that there have been quite a percentage of them return, and, where it has been necessary to use the truss, that where the cicatrix is large it is not borne well, and if we get primary union we are more apt to have the truss worn without difficulty. In No. 10 I used silk sutures, and where the silk sutures were used the union was by granulations. In five the abdominal cavity was entered. The temperature in three went over  $100^{\circ}$ . Had pus and abscess in two cases and erysipelas in No. 10.

No. 4 returned within a few months. Of the twelve operations that I have made, there has been but this one return—that of a boy eighteen months of age—so far as I am able to determine. There is one case out of my reach, which I have not heard from for the last six months, but if there has been any recurrence it has taken place within that time.

As to the mode of operating, I have adopted the plan of cleaning the patient as thoroughly as possible and shaving the hair off the pubes to make the parts as clean as possible. This is done with soap and filtered water, and in two or three cases I used turpentine. I did not use antiseptics in the work at all, and believe that asepsis is the basis upon which we are to work. There is one thing I would most emphatically condemn as to the habits of operators, and that is, being about the dead-rooms, dissecting and holding autopsies, and being about contagious diseases, erysipelas and septicæmia, and the various things that will affect these wounds. I do not think an operator has a right to hold dissections, etc., and then deal with herniotomies.

The statement was made before the State Society last week that it was impossible to have pus if methylene blue were used. I think this is a very broad statement for a man to make, for we know the possibilities of having pus even if methylene blue is used. My idea as to autopsies is for our counties, cities and States to employ men and give them a living salary—pay them well for their services—and have them to hold autopsies, but keep out of other surgery.

As to drainage, I believe it saves more lives than antiseptics. My experience, though rather small, has taught me that it is best to provide for drainage, even though not necessary. In operations we can provide for drainage, and if, after twenty-four or forty-eight hours it is not necessary, we can remove the tube, and thus have all the advantages it would give us without delay from union.

I did not expect to come before you this evening with anything very exten-

sive, but merely to report these cases that I might in some way bring about a discussion and see what the experience of other operators has been in this work.

I have for some time advocated the operation in our county infirmaries. There are a great many men well along in age who are disabled by hernia—single or double—who, if they were operated on, could be made self-supporting, as I stated in the beginning of my remarks.

During the last two weeks I have had a case which illustrates the dangers of wearing a truss. The patient had worn a truss for fifteen years, but it finally, by a jar or something, got down too far, and it was strangulated. It was not until the next afternoon that it was reduced. He is about sixty-four years of age, wears a double truss, and is almost incapacitated for work. If he is not relieved in two or three weeks he expects to be operated on.

I will be very glad to hear from the gentlemen here as to their experience and mode of operating.

[FOR DISCUSSION SEE P. 817.]

#### A DRESSING FOR BURNS.

Dr. Capitan (*La Médecine Moderne*, No. 5, 1892) gives the formula for an excellent salve for burns:

Salol,	gms.	4
(3j).		
Hydrochlorate of cocaine,	cgms.	25
(grs. iv).		
Vaseline,	gms.	50
(3jss).		

The burn is washed with a solution of boric acid or corrosive sublimate (2 : 1,000), the vesicles opened and the salve applied thickly. This is covered with a layer of absorbent cotton, which has been dipped into a solution of sublimate (1-3 : 1,000), and finally covered with a layer of cotton and gutta percha. This dressing is changed every two or three days, and dampened in the intervals with the sublimate solution. Under this treatment burns heal much more quickly than with the older methods, and leave behind them soft and often scarcely perceptible scars.—[Pritchard.]

## Society Reports.

### ACADEMY OF MEDICINE.

#### OFFICIAL REPORT.

*Meeting of May 23, 1892.*

The President, G. A. FACKLER, M.D.,  
in the Chair.

T. V. FITZPATRICK, M.D., Secretary.

DR. GEO. W. RYAN reported two cases:

#### *I. Peculiar Knee Joint.*

Dr. Mitchell sent this boy to me this evening, saying that he had a very peculiar knee, and upon examination I find it is very peculiar, indeed. It seems sometimes to lock, and he is then unable to get it out straight without considerable effort, combined with rest for some time. Some time ago he was run over by a buggy, which probably started the trouble. There is now great laxity about the joint, a displacement of the semi-lunar cartilage, with, I believe, also a complete rupture of the coronary ligament. There is also a very marked grating sound on bending it, and apparently a lateral displacement. In walking he does not notice any difficulty with it. He is employed by a railroad company in the city, and is able to get about very readily, but when he sits down and places his leg at a right angle, the displacement almost invariably takes place.

The case differs very greatly from those ordinarily seen where displacement is found, because of the great ease and readiness of reduction and in the amount of motion combined with the lateral displacement.

If this trouble should continue, and in the event that the patient should be prevented from following his occupation, operative procedure should be resorted to. For the present, however, considering his youth, I have advised support to the knee joint and the daily use of massage.

#### *II. Fracture of the Spine; Paraplegia; Recovery.*

Fracture of the spine is a subject of extreme interest. The case I wish to

report is that of a man twenty-three years of age, a telegraph line-man, who, last November, in climbing a pole, felt the pole giving way. Under such circumstances these men are instructed to fall with the pole a certain distance and then jump from it. This may be very nice in theory, but in practice I fear it is very difficult. In this case the man was found lying on his face, and he said the pole had struck him in the back. He was paralyzed, and was taken care of in the little town for a month. The treatment, which I presume was as much as they could give him, was simply keeping him lying on his back.

When I saw him, some five weeks following, in a private room at St. Mary's Hospital, I found he had a fracture of the dorso-lumbar spine, and there was complete paraplegia, with the exception of some power in the extensors of the toes of the right foot; also, complete retention of the urine. He brought a catheter with him to the hospital, with which he had been drawing his urine. His bowels did not move except with an injection. The area of anæsthesia extended up quite a distance—above the pelvic spines. He was rather a hardy man, and there were no bed sores, and, although he thought he had lost flesh, it was not apparent. He was not able to turn himself in bed, and it was necessary for the nurse to take a limb and use it as a lever for turning his body. There was very great atrophy of the limbs, however.

The immediate question, of course, was what to do for the spine—whether it was wise to adopt any operative procedure or treat him on the expectant plan. The situation of the injury and the time which had elapsed since the injury, about thirty-six days, caused me to adopt the negative plan, for fractures in the lower dorsal, and particularly in the lumbar region, are not so apt to cause death as those in other regions. They, of course, do less injury to the cord in these regions, for the simple reason that there is not much cord there, the injury being principally of the cauda equina. Fractures in the upper part of the spine are almost

necessarily fatal, as you know. This patient was seen by a friend of mine—a surgeon. He advised operative interference, but I did not agree with this, for I thought the man had more chance of recovery without interference. I also believed that, had the body of the vertebræ been injured, and the cord itself damaged, it would be almost impossible to reach it after thirty-six days without danger, which, under ordinary circumstances, would not be encountered to such a degree. I put the man on iodide of potassium, because I believe this to be very useful in paraplegias due indirectly to pressure. I pushed it to the physiological effects, and increased it almost every day, until the man had every symptom of iodism. I also used the Paquelin cautery—fired him, as it were—almost every other day. I did not adopt extension, because it would have been almost impossible. The man continued to improve, and is walking about now, although there is some anæsthesia remaining in the left thigh. The atrophy of the right limb has disappeared, while the left has not entirely kept up with it. He says he is as strong as before, and is able to get about without the aid of a cane or crutch. He had chronic cystitis, which was readily overcome by washing the bladder with hot salt water. He reports that he has been troubled with it at times since. He has improved in health, gained in flesh, and is thinking of returning to his trade, but I have advised him not to do so for at least six months.

I put him in a plaster jacket, stretching him from the head alone, and after this let him go around in a wheel chair until he was able to get about on crutches. The iodide of potassium was continued, and he takes now sixty grains, while not long ago he was taking 120 grains daily. I kept up the plaster jacket for six weeks, and then put on a movable jacket.

The case seems to me to present evidence of rather a negative sort. It shows that there are cases in which it is better not to operate, for it is to be remembered that it is a far more serious matter to go down on the cord here than to operate on the skull, and for

this reason the operations have not been as remarkable as might be desired. The results have been relapses, and in some cases death.

The point I wish to urge is that we should exercise in these cases that judgment which comes from study and experience, and which is, after all, the highest qualification of the surgeon. It is easy to be a routinist, and it is more easy to follow the advice of men whose testimony our legal friends would correctly class as *ex parte*.

I have endeavored to make a distinction as to the question of operation, or, to speak more correctly, to classify the cases according to the region involved. If the injury be above the tenth dorsal, if it be recent, if the signs of compression are marked, there can be no question as to the duty of the surgeon; it is to operate without delay, for delay, in the vast majority of cases, means death, and early death, to the patient. If it be below this region, it is, unless there be fracture with depression of the spinous process, better to let the case alone.

Possibly, in view of what has previously been said, it may appear that the foregoing remarks are too exact; but it is believed that the hearer will not fail to remember the importance that is attached to the individual judgment of the surgeon.

#### *Meeting of May 30, 1898.*

The President, G. A. FACKLER, M.D.,  
in the Chair.

T. V. FITZPATRICK, M.D., Secretary.

DR. B. M. RICKETTS read a paper on

#### *Herniotomy,*

including a report of twelve cases (see p. 813).

#### DISCUSSION.

DR. G. W. RYAN:

I would like to ask the doctor a few questions. Tell me exactly when the operation was performed; how long since in the first case.

DR. RICKETTS:

Five years.

Q. How lately have you seen it?

A. Last summer.

Q. Is it entirely cured?

A. Yes, sir.

Q. What is the average time you have seen them after the operation?

A. The time has extended over the last five years. There have been three operated on within the last six months.

Q. You have seen all of the cases, then?

A. All but the one.

Q. I do not quite understand what you have reference to when you speak of "incomplete" scrotal hernia. Do you mean that the intestines are but half way down the scrotum?

A. Yes, sir.

DR. RYAN:

The doctor ought to be congratulated on his success. About two years ago Dr. Bull, of New York, reported 134 herniotomies upon which he had operated. His percentage was about 36 per cent. of cures; that is, after a year or a year and a half there was no return of the hernia. I think one relapse out of twelve operations is quite remarkable; and I believe that in two years hence the essayist will see a considerable percentage relapse. Dr. Bull has, in a very exhaustive paper, tabulated all the cases; this appeared in the *Medical News*, I think. The point which Dr. Bull urges is that, after having gone through the injection cure, in which he reported a large percentage of cures, and afterwards found many relapses, a great deal depends on the size of the hernia, and the question as to the result of the operation as regards cure. He does not believe that it is advisable to operate on the old, for he thinks they are very likely to die of shock, and the result is not so satisfactory as in the young and middle-aged. He only operates on children in cases of strangulation.

This subject interests us a great deal. The question is whether it is better to wear a truss, in which there is no danger if well applied and well fitting. There are a great many cases of hernia in which herniotomy would not satisfy the individual doctor, if he happened to have an individual case of hernia on his own person. I have my doubts if my friend, if he were affected with hernia,

even if incomplete—that is, not past the external ring—if he would not prefer to wear a truss. The cases that have been cured by trusses are almost all among children. It is my recollection that the men upon whom I have had an opportunity to apply trusses in the hospital, where they were put on gratuitously, notice a strangulation very quickly. I think of 134 something like 77 were reducible, and the remainder irreducible, or strangulated. If the operation is justifiable by the condition of the patient, it should be performed, except under the conditions I have mentioned. I think, however, the matter of operation is for the patient to decide, and not for the surgeon to urge, for the results have not been as good as we might wish. I think the cases brought before us are perfectly honest, but I think that my friend has not waited long enough.

Dr. Bull believes in simply tying the sac by putting the ligature high up.

The question of the after-treatment is very interesting. I believe it is best to wear a truss, and a truss is very generally advised, but a great many operators drop this and advise the wearing of only a pad.

I think primary union should be hoped for and attempted, for it is certainly very desirable, for a wound that heals by granulation is very likely to be tender.

I think the statistics quoted regarding the number of individuals suffering from hernia is rather large. The London Truss Society reported, some years ago, the percentage as about 10 per cent., but that is believed by those in the larger cities who have experience in the hospitals to be much too large, considering the population. I think in our practice we seldom see the ruptured, except incidentally, and I believe the percentage of females is not anything like 7 per cent. Of course, this is only an opinion, and I haven't any facts to sustain it.

DR. LEONARD FREEMAN:

The statistics which have been given us are indeed surprising, and I congratulate the doctor upon them. Some of the best surgeons give about 60 per

cent. relapses and 40 per cent. cures. I am, however, surprised to hear his statements about asepsis and antisepsis, which show that he has not as thoroughly considered the subject as one might suppose. He says that there is no object in using antiseptics, that asepsis should alone be striven for. He seems to forget that we use antiseptics for the purpose only of obtaining asepsis. If we could get asepsis with nothing but soap and water and a nail-brush, we would use soap and water and a nail-brush alone. It is true, there are places where one should not use antiseptics, as in the abdominal cavity, or, perhaps, after opening a hernial sac, etc., but they should be used in cleaning the hands, the skin of the patient, etc. We all admit that pus is due to micro-organisms. The object, then, is to get rid of as many of these micro-organisms as we can; for instance, by attending to the hands. It has been proven, however, that the hands may be scrubbed very clean with soap and water, but when put into sterilized gelatine, germs will grow. If the hands be washed with an antiseptic, however, and this removed with sterilized water, there will be no growth whatever in the gelatine. Even if we were to admit that there was some doubt about micro-organisms and suppuration, which there is not, that very doubt should make us more careful about our hands and instruments, etc. The antiseptics, when properly used, certainly do no harm to the skin. I heartily agree that it better not to use antiseptics in aseptic wounds, such as have been made under all precaution by the operator himself; but if the wound is contaminated, or thought to be so, they should always be employed.

The doctor makes the usual popular objection, which is not true, that pathologists are more apt to carry infection than any one else, and that any one who works in pathology should never do any surgery. The germs which we fear most are those of suppuration and erysipelas. The doctor admits that he himself has been treating a case of erysipelas—then should he not quit surgery? Again, a surgeon is always working in pus—has he any business,



then, according to the doctor's reasoning, to be a surgeon? In the human body the various pathogenic micro-organisms are crowded out after death, so that experienced pathologists insist on waiting a length of time before holding an autopsy, as the virulence of the poison decreases with time. Yet a surgeon is always working in cases where germs are not only very numerous, but at the height of their virulence. Hence, if we follow out the doctor's idea, there should be a new surgeon for nearly every operation performed. We younger men have all done more or less post-mortem work, and also considerable operative surgery between us, and yet we have had practically no suppuration in wounds which we have made ourselves. I can easily understand the writer's fear of post-mortems, as he is one who does not use antiseptics; but I should be more afraid of his contempt for antiseptics than I should of any amount of work in the dead-room.

I came across a statement the other day, made by a prominent Swiss surgeon, in regard to the danger of ether as an anæsthetic in cases of strangulated hernia. I had occasion, not long ago, to operate on a case of strangulated hernia in which the man was almost pulseless. He died after the first few whiffs of ether. Whether this statement has any foundation or not, I should like to know.

DR. SETH EVANS:

I would like to add a few words. I agree with Dr. Ryan and Dr. Freeman. I have not been so fortunate myself. I operated on one case, which relapsed. At the autopsy, the patient dying of measles, almost the same condition was found: a hernia of the cæcum, and the vermiform appendix sticking down.

The results he has had would go to prove that it is not from post-mortems alone that the suppuration comes. As a matter of fact with bacteriologists, we know that touching the body of a dead person would have done his patients less harm than some other things. But, that is the popular idea: it is a dead body. But should these popular ideas find

their way into the minds of medical men, and not be confined to the laity? If you take a case of peritonitis, purulent peritonitis, you would not get my friend, Dr. Kebler, to cut into it for twenty-four hours. Why? Because the germs of decomposition would destroy the other germs. If one will but remember how, in foreign clinics, the operators, who are busily engaged in teaching their classes in operative surgery upon the cadaver, are also much of the time at work on the living subject, their results in herniotomies would, I am sure, compare most favorably with those reported by Dr. Ricketts. One can but exclude the cadaver as a very dangerous pus producer.

DR. FRANK HENDLEY:

I was somewhat surprised at the statement of there being so many working men suffering from this disease. For several years I did work for the Metropolitan Life Insurance Company, and examined on an average twenty-five or thirty cases a week for about two years, and I am sure that there were not more than two or three cases of rupture per month out of that number, and hernia was an extreme rarity. Out of every hundred cases I do not think there was an average of more than three or four, and do not think there were that many.

DR. WILLIAM JUDKINS:

Dr. Ricketts was emphatic in the per cent., 15 per cent., and in reference to this will I say that those of us who have done much work for life insurance companies have certainly had *some* experience with hernia. In my experience, however, I have only seen three cases which were rejected on account of rupture, which is a *very* small per cent. in comparison with 15 per cent.

DR. RYAN:

Well, a man is not usually rejected by the life insurance companies for rupture, is he?

DR. JUDKINS:

If he does not wear a truss.

DR. RYAN:

Yes, but a man usually wears a truss when he gets his life insured. Dr. Bull, who was one of the first to introduce

aspects in this country, and who will compare very well with others, says that in only two or three cases was there suppuration to any extent, although he has found suppuration present in a slight degree in many cases.

DR. A. N. ELLIS:

I do not know when anything has interested me more than Dr. Ricketts' paper. It is upon a subject which brings up recollections of a case that I once had myself, that burnt a hole in my heart, cast a shadow across my soul, and did not help my practice nor my pocket in the least. The man died! I was not to blame, for he would not let me operate until it was too late, and when I did cut down on the strangulated parts I found the omentum wedged in tight all along the spermatic canal and as black as eternal despair and as dead as the Southern Confederacy! It was that form of oblique inguinal hernia known as the congenital, and had given its possessor lots of trouble. No one could persuade him to wear a truss. At the latter part of the war he went into the service as a hundred-day man, and during the few marches he made with his regiment the gut often became prolapsed and compelled him to lie down by the side of the road, where he suffered in great agony until relief came. Like a great many other men who have worn the blue, he knew too much for his own good. You could tell him nothing new. He would not allow me to use the knife until all hope had gone glimmering along that path that runs out into the unknown dark. His widow is now trying to get a pension. I do not know what the widows of our country would do just now if it were not for Uncle Sam, especially the war widows who have got too old and ugly to get married again.

I have heard that about 5 per cent. of men have rupture. I do not think it is that great. During the last two years I have examined fifty men for the Berkshire Life Insurance Company, and only found one case. My experience and observation do not imbue me with rosy-hued hopes of complete cure

into him. son, he fingers a long time before he lets another "saw-bones" stick a knife

Dr. Ricketts is a gentleman whom I esteem very highly, and the next case of rupture I get I'll "tote" right over to his office and then stand around when he goes to operate and see if I can't learn something.

DR. G. A. FACKLER:

I put the question to Dr. Judkins because I knew he had some experience with the insurance company. I suppose I have examined some two hundred among the working classes. Of this number I made it a point to follow out the several features in insurance, and there were but three that had any hernia of any kind. The question was put in these cases, but, of course, an examination was not made every time; but, if we take their statements, there were but three.

DR. RICKETTS:

I was not exact when I said 15 per cent. I saw a statement somewhere of 10 to 15 per cent. However, I am glad I have brought out the discussion on this point, and got the opinion of men who have made examinations among the different classes. As to the age of the patients, I am pretty well satisfied that children who are very young should not be operated on for hernia. My own experience, except in one case, has not been favorable, so that I think it is not best to operate on children under five years of age. The most desirable age is from fifteen to twenty-five years. I have seen no statement concerning this, but I rather believe this would bear investigation. As Dr. Ryan said, the operation on older men is not generally satisfactory. I would hesitate to operate on a man of sixty years.

DR. RYAN:

What would you do with the inmates of the infirmaries? A great many of them are old.

DR. RICKETTS:

A man of sixty years is usually not self-supporting anyway. It is usually the ones who are forty or forty-five years of age who would be benefited.

struments aseptic and antiseptic, but not use them in the abdominal cavity. However, I cannot see how he can help getting them into the abdominal cavity. In all my experience in hospital and private work I have never seen a case of surgical erysipelas until I saw this one. How it came I don't know, although I understand there was a great deal in the Cincinnati and Betts Street Hospitals. So that it does not matter what precautions we take in these operations, we will now and then have one infected. We are not able to say when a patient is going to be infected and when he is not going to be infected.

In the operations I have made in the last six years I have not had a death. Only in two cases of tracheotomy have I had a death. I have made about all the capital operations and many of the minor ones, and I will say that I have had pus—for no man can have granulations and not pus; he may have primary union without pus, but if he has granulated tissue he will have pus. He can not help it. A temperature of 100° is not anything in surgery. Although there are some who consider it as dangerous, it should not be considered so. Men differ on these subjects, and I will admit that there are men who would take up the other side.

As to the ether Dr. Freeman has spoken of, I have not used ether at all, but have used chloroform altogether. I only have used ether as a spray on a tumor to reduce it. In this case I reduced the strangulation, but I do not know what effect the ether produced. All but two of the herniotomies were made within the last three and a half years, and since that time the other operations have been made.

#### TREATMENT OF PEDICULI PUBIS.

Dr. Brocq (*Deutsche med. Wochenschrift*, No. 17, 1892) recommends to treat pediculi pubis with applications of a solution of one part of corrosive sublimate to five hundreds parts of vinegar. This kills the pediculi, as well as the eggs.—[Pritchard.

## Translations.

### THERAPEUTIC NOTES

FROM FRENCH AND GERMAN JOURNALS.

TRANSLATED BY  
F. H. PRITCHARD, M.D.,  
NORWALK, O.

#### THE TREATMENT OF SOFT GOITRE BY PARENCHYMATOUS INJECTIONS OF IODOFORM.

Prof. v. Mosetig-Moorhof (*Le Bulletin médical*, No. 36, 1892) proposes parenchymatous injections of the two following solutions in the treatment of soft goitre:

1. Iodoform, . gm. 1 (grs. xv).  
Ether, } aa . gms. 7 (3ij).  
Olive oil, }
2. Iodoform, . gm. 1 (grs. xv).  
Ether, . . gms. 5 (3jss).  
Olive oil, . gms. 9 (3jss).

The writer, however, has only used the former solution, and in sixteen cases treated by him (ten men and six women) the results were excellent. In two months the necks of all the patients had diminished six centimetres in circumference. Two months later this had attained eight or ten centimetres. The goitres did not regain their former volume even six months after cessation of the injections. A syringe-ful is injected into each goitre, and in one case of enormous goitre six grammes (1<sup>3</sup>/<sub>4</sub> drachms) were injected. This is repeated every four to six days; some of the patients received one each day for several days without any bad results. No disagreeable action was noticed.

#### COLLODION IN ERYSIPELAS.

Dr. Niehaus (*Med. Neuigkeiten*, No. 17, 1892) treats and prevents the spread of erysipelas by painting a strip of collodion, of the breadth of two hands, on the diseased extremity. This soon dries and compresses the limb like a bandage. It was interesting to watch the disease extend to the collodion and there remain stationary. The reddened skin rises, wave-like, over the collodion.

Cases of erysipelas which had extended to the inguinal region were held back and prevented from spreading. The writer has used this procedure in several cases of erysipelas of the face with success. He painted the adjacent portions of the skin with thick layers of collodion. In two or three days an improvement was noticed, as the temperature fell and the redness faded out. The author has used this procedure for years, and believes that he has gotten as good results as has been obtained with a 10 per cent. ichthyol-collodion.

#### BRONCHO-PNEUMONIA OF INTESTINAL ORIGIN AND ITS TREATMENT.

Dr. L. Renard (*La Semaine médicale*, No. 19, 1892) describes this form as beginning with profuse diarrhœa. The stools have a fetid odor, the abdomen is distended, the patient's eyes sunken, the face pale, and the spleen and liver enlarged. After a few days the pulmonary symptoms make their appearance, and consist in dyspnœa, cough, hoarse râles over the entire lung, and bronchial breathing. The broncho-pneumonic patches are usually multiple. It runs a very irregular course. In mild cases the lung symptoms are indistinct, the fever falls after two or three days, the diarrhœa decreases in severity, and recovery takes place in seven or eight days. In other cases the disease runs a progressive course and ends fatally. Sometimes it pursues a prolonged course. Subacute forms are rarer. In these latter the pulmonary symptoms predominate, and death takes place from asphyxia. Sometimes one observes actual relapses; after a long remission diarrhœa sets in, to which fever and pulmonary symptoms are added.

In general, the prognosis of intestinal broncho-pneumonia is grave. The majority of the fatal cases occur in children under two years of age. Treatment requires a thorough disinfection of the intestinal tract. For this purpose calomel may be given at the beginning of the attack, and in doses of one grain in children under six months, to in-

crease the action of the bowels up to two years; and then one grain for each year. During the further course of the disease one may administer the following:

℞ Benzo-naphthol,	gms. 1-1.5
(grs. xv-xxiv).	
Gum water,	gms. 60
(℥ij).	

Shake well before using. To be taken in three portions.

For the treatment of the pulmonary symptoms one may use cupping and sinapisms. Cardiac weakness may be combated by subcutaneous injections of caffeine or tonics. According to the investigations of Lesage and Renard, the disease is due to the presence of the bacillus of infectious diarrhœa, the bacillus coli commune and other bacteria found in the mouth, acting on the lungs.

[It is a question whether calomel does not have effect upon the whole besides exercising an antiseptic action upon the intestine. Tartar emetic and ipecac have been employed with success in the treatment of such diarrhœas.—TRANS].

#### THE TREATMENT OF OZENA.

Dr. Turban (*Therapeutische Monatshefte*, No. 5, 1892) has used the following powder with success in the treatment of ten cases of ozena:

℞ Crystallized iodol,	} equal parts.
Tannic acid,	
Borax,	

M. f. pulv. To be used as a snuff. At first take a snuff five or six times a day in each nostril; later one three times a day.

No local treatment is necessary with this powder. The secretions and crusts disappeared or were so diminished that they did not disturb the patient. The fetor disappeared for a long time in all cases; as soon as it was noticed the use of the snuff was resumed. This treatment was especially serviceable in those cases where there were hypertrophic spots on the mucous membrane, together with atrophy. Severer cases must, of course, be treated more energetically (see LANCET-CLINIC, No. 5, 1892,

[Give the fluid extract of pulsatilla internally, or the bichromate of potash. The salts of gold were used by our forefathers in syphilitic ozena. In cases which have been drugged by mercury the internal use of nitric acid is said to have given good results. Apply an ointment of red precipitate to the mucous membrane.—TRANS.]

#### TREATMENT OF HYPERTROPHIC RHINITIS WITH LOSS OF SMELL.

The following treatment is recommended (*Le Bulletin médical*, No. 43, 1892):

1. Twice a week wipe the mucous membrane with a solution of the chloride of zinc, 1 : 10.

2. The following eight days take a snuff of the following powder four or five times a day:

℞ Acetanilid, } aa                    gms. 5  
Iodol,                } (3jss).  
Oxychloride of bismuth, gms. 15  
                              (3iv).

To be perfumed with benzoin.

Then during the next eight days alternate with the following:

℞ Neutral sulph. strychnine, cgms. 8  
    (gr. j).  
Powdered tobacco, } aa                gms. 6  
Oxychloride bismuth, } (3jss).

A pinch to be taken regularly three times a day.

Then eight days after begin with the first powder.

#### CHROMIC ACID AS A REAGENT IN TESTING FOR ALBUMEN AND BILE.

Prof. O. Rosenbach (*Deutsche med. Wochenschrift*, No. 17, 1892) employs chromic acid in the testing for albumen and bile. Even if the albumen be present in very small quantities, it will be precipitated in flocculi, which are more or less of a yellowish color. A few drops of a 5 per cent. solution of the acid are sufficient in slightly acid urine. In some cases it is of advantage to add the reagent to the urine, drop by drop, until all the albumen is precipitated. Urine which, on boiling, throws down

a phosphate precipitate, clears up on the addition of chromic acid, and, if albumen be present, it is precipitated in yellowish flocculi. It is unnecessary to boil the urine if urates be present, for these do not precipitate as with the use of nitric acid. If, however, they should appear, then it may be boiled. A soluble acid albumen does not form with the use of this acid. Chromic acid is also a useful reagent for testing the presence of bile. If urine containing bile be mixed with chromic acid and agitated it exhibits a beautiful green coloration, which increases for a long time in intensity. If the acid be continuously added a brownish-red color is obtained. The greater the amount of bile present the greater the care with which the reagent is to be added. One should wait a moment before adding a second drop. With treatment of the urine one will obtain good results. Chromic acid has the advantage over nitric acid in that there are no other colors, as brown, red, etc., to disturb the experiment.

#### CATARRHAL LARYNGITIS OF BICYCLISTS.

Dr. Rayoneau (*Med. Neuigkeiten*, No. 2, 1892) describes it as follows: Acute beginning; sensation of dryness; cough, with a somewhat mucous expectoration, and now and then faint streaks of blood. The voice is changed; the mucous membrane of the throat is reddened. The writer has observed these symptoms in nine young men who rode the bicycle to excess several times a day. The mouth breathing, the rapidity and the pressure with which large quantities of air are forced into the larynx and lungs are the cause. In all cases avoiding of the cause was followed by rapid recovery.

#### PUBLISHER'S NOTICES.

**Antidyspepsia Elixir.**—A cure for all forms of acute and chronic dyspepsia, melancholia, nervous prostration and hypochondriasis.

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Cincinnati, June 18, 1892.

## Editorial.

### THE FORTY-THIRD ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

As our readers are doubtless aware, the meeting this year was held in Detroit. The meeting really began Monday evening, June 6, when Mr. Geo. S. Davis gave a banquet to the medical editors. This meeting resolved itself into an unanimous effort on the part of the editors to paralyze their stomachs by over-distention; when solid refreshment was indulged in to the full extent, a liquid and gaseous mixture was substituted and a few empty corners were filled with this mixture. Gastronomically the meeting was a grand success, but there was but little business, other than the business of eating, transacted.

Tuesday morning, at 10 o'clock, the general session convened. After the meeting was opened by prayer, the Hon. R. A. Alger delivered an address of welcome which was a model of its kind. The Committee of Arrange-

ments, H. O. Walker, M.D., President, next made their report. Dr. H. O. Marcy, President of the Association, then read his address on "Evolution in Medicine." It was a superb paper, evidencing much care and painstaking in its preparation.

The next very interesting matter was the report of Dr. C. G. Comegys, Chairman of the Committee on the Secretary of Public Health. The Doctor made an exceedingly able report, and when a motion was made to refer the same to the section on State Medicine, the Doctor, in a speech full of eloquence, begged that the report be adopted by the Association without further delay, so that the matter would not be unnecessarily delayed. His speech carried the meeting, and it was unanimously adopted, thus putting the Association on record as being the proposers and ardent advocates of the measure.

About this stage of the proceedings a squall struck the meeting. The Judicial Council reported that, according to the organic law of the Association, Dr. W. W. Potter, of Buffalo, N. Y., was not entitled to membership in the American Medical Association. A word of explanation is here necessary: Dr. Potter, while a permanent member of the Association, is also a member of the New York Medical Society, a society which has adopted a new code which permits of consultations with Irregulars. Dr. Potter was also one of the trustees of the *Journal*. Immediately after the report of this committee, the squall broke in the shape of a motion by Dr. Gihon to table the report. It was found, however, that the constitution gives the Judicial Council absolute power in the premises, and their finding is final and irrevocable. This discovery created a panic, which

was, however, finally averted by the coolness of Dr. Willis P. King. The outcome of the matter was that a committee of five was appointed by the Association to confer with committees of five each from the New York Medical Society and the New York Medical Association to discuss and arrange all difficulties between them. We are confident this is a wise move and will redound to the benefit of all parties concerned.

This apparently trivial circumstance is fraught with much importance, because it led to the appointing of a committee to revise the "Code of Ethics." Personally, we believe a *careful* revision of the code is a necessity, and if done in a proper manner will lead to the abolition of many of the embarrassing predicaments which so frequently arise. The revision should be made so as to meet the requirements of the progress that has been made since they were framed.

The Address on General Medicine was delivered by Albert S. Gihon, M.D., U. S. N. It was a scholarly production, having for its subject, "Intellectual Progress in Medicine." Dr. J. B. Hamilton delivered the annual address on Surgery. He took for his subject, "The General Principles of the Surgery of the Brain and its Envelopes." "The People and the Public Health Movement" was the subject chosen by J. Berrien Lindsley, M.D., who delivered the annual address on State Medicine.

Of course we cannot give a full and detailed account of all that took place at the meeting, but we do wish to call special attention to the fact that these meetings are of the greatest importance and benefit to the physicians of our land because they give opportunity for the establishment of social relations

between the members of our profession, and they also act as a clearing-house for the exchange of information and ideas. We feel that we are doing a service to the cause of medicine when we urge upon our readers the wisdom of attending and participating in the representative council of our profession.

That the physicians were well received and cared for by our brethren of Detroit goes without saying. They put forth every endeavor to accommodate the physicians, and we desire to return to them our hearty thanks for the elegant manner in which we were cared for. They did nobly.

The reception given by the physicians of Michigan was an elegant affair. It was held in the Armory, a building very well designed for such purposes.

On Thursday afternoon the physicians and their wives were invited to an excursion upon the Detroit River. This was a lovely trip, and enjoyed hugely by everyone. Lunch was served on board the steamers. The only doubt that ever arose in our mind arose when we found that the caterer's name was "Hair," but as we failed to find him in the salad we stilled our anxious minds and concluded that it was not such a close shave after all.

Receptions were tendered the visiting physicians by Hon. H. S. Pingree, Mayor of Detroit; Gen. R. A. Alger; Mr. Geo. S. Davis and Mr. Frederick K. Stearns. A continuous reception was given by the well-known firm of Parke, Davis & Co.

We are painfully aware that we have not done justice to the meeting, but our editorial has already assumed large proportions, and we feel that the best we can do is to close with the injunction: Come next year and see for yourself!

#### EDITORIAL NOTES.

THE Academy of Medicine and the Cincinnati Medical Society have both adjourned for the summer.

WE are glad to be able to announce that Dr. J. C. Mackenzie is improving nicely. The prospect is for his speedy recovery and restoration to usefulness.

Dr. Dawson continues in much the same condition.

THE medical profession owe a debt of gratitude to the *Detroit Free Press* for the very full and accurate reports it gave of the meeting of the American Medical Association. The reports were by far the best we have ever seen in a secular paper.

THROUGH a misunderstanding with the Secretary of the Academy we credited Dr. James M. French with the article on the cure of sciatica which appeared last week. The author was Dr. Thos. French, and we apologize for the mistake.

Just here is an excellent opportunity to call attention to some points commonly overlooked by writers. *Always* write out the title of your papers, and immediately beneath the title give the author. If read before any medical society, make a statement to that effect and give the date when read. Attention to these few points will insure against such mistakes as the one referred to above.

THE officers elected by the American Medical Association for the ensuing year are: Dr. Hunter McGuire, of Richmond, Va., President; Dr. H. O. Walker, of Detroit, First Vice-President; Dr. H. Brown, of Kentucky, Second Vice-President; Dr. Jesse Hawes,

of Colorado, Fourth Vice-President; Dr. R. J. Dunglison, of Philadelphia, Treasurer; Dr. W. B. Atkinson, of Philadelphia, Secretary; Dr. Montgomery, Assistant Secretary; Dr. Geo. W. Webster, of Chicago, Librarian.

Milwaukee was chosen for the next meeting-place, although Chicago and Indianapolis were anxious for the honor.

The following were elected to fill vacancies on the board of trustees of the association; Dr. Alonzo Garcelon, Lewiston, Me.; Dr. Leartus Connor, Detroit; Dr. Perry H. Millard, of Minnesota, and Dr. Patterson, of Washington.

Members of the judicial council were selected as follows: Dr. N. S. Davis, of Chicago; Dr. John Morris, of Baltimore, Dr. H. D. Didima, of New York; Dr. John B. Roberts, of Philadelphia; Dr. A. M. Emmert, of Iowa; Dr. W. T. Briggs, of Nashville, Tenn.; Dr. C. W. Vorhes, of Coldwater, Mich.; Dr. W. E. B. Davis, of Rome, Ga.; Dr. A. Morgan Gartledge, of Louisville.

THE following resolution was unanimously adopted by the Pennsylvania State Medical Society during the session held at Harrisburg, May 17, 18, 19 and 20, 1892:

*Resolved*, That in view of the great national and even universal importance of the subject of hygiene and public health, the State of Pennsylvania, through its Medical Society, may express its appreciation of, and join in, the petition of the American Medical Association, as presented by its committee of thirty, appointed at its meeting in Washington, D. C., in May, 1891, "to memorialize Congress to create a cabinet officer, to be known as a Medical Secretary of Public Health"; therefore the Medical Society of the State of Pennsylvania warmly commends the movement, and hereby petitions the Congress of the United States to create a Department of Public



health, the head of which shall be a member of the cabinet of the President. Believing that the creating of such an officer, of equal rank with the secretaries of other departments of the Government, would greatly stimulate and strengthen the efforts of State Boards of Health in their endeavors to promote and disseminate correct knowledge of sanitation and sanitary subjects, so vital to the well-being of the whole people, all members of the State Medical Society are hereby earnestly urged to use their personal and united influence with their several Congressmen to secure favorable action and the enactment of the law contemplated.

#### PUBLISHER'S NOTICES.

WE desire to call particular attention to the advertisement of SARGENT'S ANTISEPTIC THYMOLINE SOAP, a fragrant and refreshing disinfectant for the toilet, bath and nursery, and adapted for the use of surgeons and physicians as a cleanser, disinfectant and deodorizer. The antiseptic properties of thymol are sufficiently known to the medical and surgical world. But these, hitherto, have not been concentrated in an available form. Consequently, thymol has been relegated to one side and other cleansers, disinfectants and deodorizers used instead. Prominent among these has been carbolic acid, which is absolutely abominable to nostrils not indurated by the odors of sick-wards and operating-rooms.

Thymol is analogous to camphor, is homologous with phenol or carbolic acid, but a much more agreeable and pleasant disinfectant. It resists and corrects putrefaction, and can be relied upon as a remedy to counteract a putrescent tendency. Sargent's Antiseptic Thymoline Soap has for its active principle chemically pure thymol, and is a most efficient substitute for the malodorous preparation hitherto used for the washing of putrescent sores, the removal of cutaneous eruptions and exfoliations, and *the ablutions of the hands after the use of the dissecting knife, or the manipulation of the sick.*

Physicians can not too strongly recommend it to their patients as a means of restoring health to a diseased cuticle, nor will they fail to perceive when they give it a trial what an efficient means it is of removing from the hands, or any part of the person, objectionable odors. Putrefaction and gangrene it most effectually counteracts, its antiseptic properties being of the highest order. Among the most efficient means recognized by physicians for mitigating or checking disease, absolute cleanliness is recognized as one of the chief, and Thymoline Soap, which is so eminently promotive of this, deserves the emphatic indorsement of the medical faculty (see advertisement on page ii).

## Selections.

### FROM CURRENT MEDICAL LITERATURE.

#### EFFECT OF ICE-BAGS IN AMPUTATION.

The two following cases, which were exhibited at the Edinburgh Medico-Chirurgical Society recently, illustrate the advantages of ice in amputation cases:

*Case I* was operated on nearly thirty years ago. Left forearm and hand were crushed under the wheel of a loaded wagon some two miles from his home. I lost no time, and decided on removing all that was irrecoverable, but was able to preserve about two inches of forearm in front of the elbow-joint. Chloroform was given, and ice bags were applied. On the fourth day the wound was healed by first intention, and for several years he has used the preserved two inches for holding his reins while driving as a country postman seven to eight miles out and in of the county town.

*Case II.*—On May 31, 1862, thirty years ago, amputation of the right thigh at the top of lowest third, was performed for a constitutional affection of the knee-joint engaging the cartilages. I was asked to perform the operation at her mother's house, two miles off, and did so, using pounded ice in two bags, which were bladders. Both were applied for a few minutes before, and continuously for seventy-two hours after, the operation, and the lower one during the operation also. On the third day I found the wound healed by first intention, and the new granulations were so strong that the only ligature (the femoral) was left till it came away with a drop of pus a week after. This drop was the only matter that ever appeared. In a very short time she was able to maintain herself, walking with a wooden leg over two miles, morning and evening, to the county town, and now she can jump off an ordinary chair on to the hard pavement and alight on the wooden leg without the least uneasiness.

I may add that I have used cold water dressings to operations for shattered hand (all caused by gunpowder explosions during the shooting season) with very satisfactory results. In four of these cases, which I distinctly recall, all were left with the thumb and from two down to one finger. In all these the metacarpal bones corresponding had to be removed, and the remaining finger, or fingers, and thumb approximated. In the case of the one finger and thumb left the patient has for years been able to write and shoot as well as ever, and in two of the other cases the young men are both sailors.

*Remarks.*—1. It was chiefly as a hæmostatic that I first thought of ice, as I had been scared with the venous bleeding in a case of amputation of the leg at the tubercle of the tibia, but on turning out the clots and applying compresses the result was most satisfactory. I prepared myself against a repetition of the scare, and was confirmed in the ice idea by its successful application in a case of passive hemorrhage from an apoplectic right lung. The patient, a young lady of nineteen, was emitting about a small teaspoonful from the mouth every minute or so, and had for ten days. The impacting of the ice bags over the right thorax stopped all bleeding in a few minutes, and it never returned. She is long a married lady, with a few olive branches at her side. I have made all available inquiries in Scotland, and am unable to hear of any so rapid healing of amputations, and therefore consider it proper to report the two cases referred to, in one of our leading journals. Nothing could surpass both the hæmostatic and antiseptic effects of the ice (no venous blood and only one artery to tie). 2. A good hint as to the safety of the ice dressing is afforded in the postman's case, as, by a mistake, the first dressing was changed on the fourth and not on the third day as intended, as it was in the thigh case. When seen the arm was livid up to the shoulder, but a little washing from cold to tepid water proved all to be well. He was in the garden walking about on the tenth day. 3. The thigh case was kept wet with an improvised siphon

continually dropping on the superimposed ice bag during the three days' interval.—JOHN SHAND, of Edinburgh, in *British Med. Jour.*

#### BRAIN TUMORS.

At the April meeting of the Manchester Pathological Society, Dr. G. H. Cooke exhibited two specimens of multiple tumors of the brain. The first specimen presented numerous caseous nodules in Broca's convolution and the lower third of the ascending frontal and parietal convolutions, and was obtained from a child of five and three-quarter years. There was also tubercular meningitis. With the exception of slight retraction of the head, irregular respiration, and occasional shrill cry, all symptoms of tubercular meningitis were absent. There was no sign of motor irritation except a peculiar masticatory movement, which persisted till death, neither was there any aphasia. The illness began three days before admission to the hospital, with constant vomiting, and unconsciousness supervened the same day. Two months previously there had been severe headache with vomiting. The boy remained in the same condition for four days, when the temperature rose, the pulse became uncountable, and death occurred seven days after the onset.

The second specimen showed multiple tumors affecting the basal ganglia, and was from a boy of two, who was admitted to the hospital with distinct spastic condition of the right leg and both arms, and tremor of a disseminated sclerosis type being also present in the arms; face normal, nystagmus doubtful, no ocular paralysis, and no sensory symptoms; power over rectum and bladder. Up to three weeks ago he had been perfectly well, the first symptoms noticed being staggering, and irregular movements of the right hand at times, both of which had gradually become worse. There was no phthisis, but doubtful history of syphilis. A few days after admission slight palsy of left side of face came on. This was followed by slight internal squint, and shortly before death by an intermittent

movement of the head and eyes towards the right side. Consciousness was present till within a day of death, which was due to broncho-pneumonia; twenty-six days in all having elapsed from the onset of illness. At the post-mortem the left lenticular nucleus was found to be wholly permeated by caseous matter, which pressed on and pushed upwards the internal capsule, and extended into the caudate nucleus. A small nodule, limited to the posterior part of the right optic thalamus, and slightly pressing on the posterior part of the posterior limb of the internal capsule, was also present, but from its position it was extremely unlikely to have caused the crossed paralysis on the left side of the body.—*Medical Chronicle*.

## TWO CASES OF EMPYEMA QUICKLY FOLLOWING SIMPLE PLEURAL EFFUSIONS.

In the treatment of effusions into the pleural cavity there is an essential difference to be made when the fluid is simple (sero-fibrinous) and when it is purulent, for whereas a simple effusion is generally absorbed without trouble, this result is extremely rare, and in view of the condition which is left, hardly to be wished for in empyema. In any case of pleural effusion, therefore, we should endeavor to ascertain whether the fluid is purulent or not, and for this purpose there is nothing so certain or satisfactory (if proper precautions be taken) as the insertion of an exploring syringe, provided a definite result is obtained from the puncture.

Having however proved by this means that an effusion is not purulent, the question arises: Do simple effusions tend to become purulent? The late Dr. Wilson Fox expressed the opinion<sup>(1)</sup> that a simple pleurisy has no tendency to become purulent; Ashby and Wright<sup>(2)</sup> say that "an empyema is as a rule an empyema from the first," although in children there is naturally an increased liability for inflammatory effusions to become purulent. Dr.

<sup>1</sup> *British Med. Journal*, Vol. II, 1877, p. 752.  
<sup>2</sup> "The Diseases of Children."

Drummond, of Newcastle, in a paper recently published,<sup>(1)</sup> says that in an inquiry extending over two years he had not met with a single case of simple pleural effusion that went on to pus; on the other hand, Eustace Smith states<sup>(2)</sup> "that the fluid quickly becomes turbulent, and in children purulent." The two following cases, which occurred close together in my practice, support his opinion, and I believe the early detection of the purulent character of the effusions, before the formation of coagulated particles, contributed largely to the recovery in each case after only one aspiration.

*Case I.*—W. T., aged two and a half years, a fairly well nourished but delicate boy, first seen July 26, 1891, with broncho-pneumonia of both lungs, the left being more affected than the right, respirations 45, pulse 120, and temperature 102.8°. The illness, which was not very severe, progressed satisfactorily until July 28, when the child appeared more distressed, and the pulse and respiration, which had been greatly reduced in frequency, increased again. There had been no change in the treatment, nor did physical examination reveal any adequate cause for this. The next day there was increased dulness at the left base, and as this increased an exploratory puncture was made, with every antiseptic precaution, the result being that perfectly clear, pale yellow fluid was obtained. For the next day or two there was a slight increase in the effusion, then for about three days it was stationary, the condition of the patient being satisfactory until August 5, the seventeenth day of illness and the sixth from the diagnosis of the effusion; he then sweated a great deal during the night, and the appetite, which was improving, again fell off. The temperature was found to be 103°. As this state of things continued without any appreciable alteration in the physical signs, the exploring syringe was used again on August 7, and this time pus was drawn off; aspiration was at once performed, and eight ounces of pus obtained. From

<sup>1</sup> *British Med. Journal*, Vol. II, 1891, p. 113.  
<sup>2</sup> "A Treatise on Disease in Children."

this time the recovery was good, and when the boy was examined eight months afterwards there was no difference between the two sides of the chest.

*Case II.*—F. C., aged seven, a tall, thin girl, was taken ill suddenly September 25, 1891, the initial symptoms being severe, the temperature going up to 105°. Physical examination did not reveal anything beyond rather harsh breath sounds, but on the third day some patches of consolidation were made out in the left lung, and for the next week the case ran the ordinary course of a broncho-pneumonia, the temperature gradually coming down to below 100°. On October 4, the eighth day of the illness, the dulness at the left base was more general. As this increased an exploratory puncture was made the next day, perfectly clear fluid being drawn off. Two days after this the temperature fell to normal, and remained down for a week, but on October 11 it suddenly rose to 102°, and as it remained high for the next few days the exploring syringe was inserted again, and this time pus was found. The chest was aspirated on October 16, the twentieth day of illness and the twelfth from the recognition of the effusion; eight ounces of pus were obtained. After the aspiration the temperature fell to subnormal, but the child made a satisfactory recovery; three exploratory punctures made on October 26, ten days after aspiration, all failed in finding any fluid whatever.

An interesting point in this case was that although aspiration was performed within a fortnight of the effusion becoming manifest, there had yet been time for some adhesions to form, as evidenced by the flattening of the chest and a slight lateral curvature. As these adhesions in children frequently give way in the course of time, it was thought that this result might be hastened by a course of exercise; so as soon as the child was able to bear them she practiced the extension motions of drilling, suspension, dumb bell exercises, and Busch's exercise for lateral curvature with the most satisfactory result.

symmetry between the two sides.—S. A. BONTOR, M.D., in the *British Medical Journal*.

#### SELF-INDUCED ABORTION BY A GLASS ROD; SUBSEQUENT REMOVAL OF THE ROD FROM THE ABDOMINAL CAVITY BY LAPAROTOMY.

Dr. W. G. Wylie reports the following case in the *American Jour. of Obstetrics and Diseases of Women*:

The patient was twenty-five years of age. Menstruation began at the age of fourteen and had continued regularly every twenty-eight days, the flow lasting three or four days and being unaccompanied by pain. The previous health had been good. She became pregnant after menstruating on the 18th of October, 1891, and on November 29 after taking a carbolyzed vaginal douche, she endeavored to insert into the os uteri a glass rod about the size of a lead pencil and six and a half inches in length. She had made several efforts in this direction before. This time the rod went in easily and then slipped beyond her reach. It caused some pain and there was a slight bloody flow, but these soon ceased. She walked around during the day without discomfort, but that night had some pain on the right side, but no bleeding. She went to her work as a typewriter on November 30. A bloody flow began in the afternoon, but soon stooped. On December 1 a physician examined her, but could not find any glass rod. On January 9, 1892, a physician was summoned on account of hemorrhage, which was controlled by tampon. On the following day he removed the fetus and membranes. She remained in bed ten days and suffered somewhat from pain in the right side. After a time the bloody discharge became quite foul, and when the patient finally came under the speaker's care it was necessary to put her to bed and use vaginal douches until the temperature had fallen and the pain diminished, before satisfactory examination was deemed advisable. She was then ether-

hen's egg. On opening the abdomen he found some adhesions about the uterus, and the left ovary large, inflamed, and covered by adhesions. This ovary was removed, together with the tube. The same condition was present on the right side, but was not so extensive, so that the adhesions were simply loosened up and the left ovary dropped back. Feeling around the abdomen, he then discovered the glass rod in the neighborhood of the left kidney, but he was unable to find the point of perforation. The abdomen was washed out with hot water and a drainage-tube inserted. The patient is now up and around.

#### SURGICAL TREATMENT OF TUBERCULAR PERITONITIS IN CHILDREN.

Alexandrof (*Rev. Mens. des Mal. de l'Enf.*, September, 1891) reports the following case:

The patient was a girl three and a half years of age. Two of her paternal uncles were tubercular. She was born at term and nursed by her mother. At the age of two years she had whooping-cough, which lasted five months. A short time afterward she was attacked with diarrhœa, and the belly began to enlarge and show clear evidence that it contained fluid. The heart and lungs were normal, the liver and spleen were not hypertrophied, and the urine was normal. A diagnosis of tubercular peritonitis was made, and the child was kept under observation one month. At the end of this period she was worse, and abdominal section was performed. Nearly two litres of transparent yellowish-green fluid were removed from the abdomen. The peritoneum was injected and tubercles were scattered over it. There was no irrigation, the wound was sutured, a drainage-tube was used, and iodoform dressings were applied. At the end of three weeks fever and diarrhœa recurred and the fluid began to accumulate again. The wound was reopened and the peritoneum found thickened and œdematous. Adhesions sprinkled with tubercles united the folds of the broad ligament. The cavity was irrigated with boracic acid solu-

tion, iodoform was sprinkled upon the peritoneum, a drainage tube was applied and the wound sutured. This operation was followed by complete success, the patient going home cured in six weeks.

Twenty cases of abdominal section for tubercular peritonitis have been reported in children from two to fifteen years of age. All resulted in apparent cures.—*Archives of Pediatrics*.

#### INFLUENCE UPON A NURSING CHILD OF FOOD AND MEDICINES ADMINISTERED TO THE MOTHER.

A vexed question has always been the influence upon a nursing child of food and medicines administered to the mother. One of the latest series of observations is recorded in a French obstetrical journal. The experimenter found that when a child nursed soon after its mother had taken from thirty to forty-five grains of salicylate of soda, the urine of the infant gave the reaction of the salicylate. After twenty-four hours all traces of the drug disappeared from the urine. Experiments with iodide of potash gave like results, and iodine was found in the urine of the child in cases where iodoform had been applied in considerable quantity to vulvar and vaginal wounds of the mother. The transmission of mercury to the infant was found to be slight and irregular, and no effect could be detected upon the infant where the mother had eaten things generally supposed to injure the child, such as lemons, vinegar, etc. Nor was it found that fever on the part of the mother rendered the milk hurtful to the child except when the fever was high and long continued. The most important drugs experimented with were the narcotics, since it has often been claimed that the ingestion of preparations of opium by the nursing mother may profoundly affect the child. Experiments made by the administration of full doses of laudanum to the mother were in some cases followed by prolonged sleep on the part of the child, while in other cases neither prolonged sleep nor constipation occurred. After doses of morphia as large as an eighth

or a grain nothing in particular was noticed in the child, and the same was true after full doses of chloral, but the subcutaneous injection of atropia into the mother caused marked dilatation of the pupils of the infant.—*Northwestern Lancet*.

#### REMOTE RESULTS OF REMOVAL OF THE TUBES AND OVARIES.

Dr. Wharton Sinkler (*University Medical Magazine*) says:

The remote effects of removal of the ovaries and tubes upon the general health are, as a rule, to improve nutrition and to better the strength, especially if the operation has been done for diseased ovaries or pus tubes.

Excessive gain of flesh is rare, and change of voice, growth of hair upon the face, and loss of feminine characteristics do not occur.

The sexual appetite in women is seldom changed by castration within two or three years after the operation, but after several years it becomes lessened.

It is often the case that after this operation patients are more nervous than formerly, and mental disturbances of various forms, insanity and epilepsy, not infrequently follow it.

The influence of the operation is sometimes good upon insanity and epilepsy which are associated with severe dysmenorrhœa or occur periodically at the menstrual epochs; but when the insanity is constant, although it may be aggravated at the monthly periods, removal of the appendages is of no benefit. Hystero-epilepsy is seldom permanently cured by the operation. Prolonged after treatment is generally necessary to relieve such cases.

Local pain is often not relieved by the operation.

Certain cases of neurasthenia which are associated with dysmenorrhœa, or with structural changes of the ovaries, are cured by the operation; nevertheless, no such case should be subjected to the operation without beforehand having the benefit of prolonged and pa-

remove the ovaries and tubes in cases of neurasthenia, hysteria, etc., when these organs are healthy.

Many prominent gynecologists, including Goodell, Kelly, Price, and others, say that now they seldom remove the appendages for nervous diseases if the organs are sound and healthy.—*The American Lancet*.

#### THE TREATMENT OF CANCER.

Under this head Dr. G. Sims Woodhead, in the Morton lecture on the "Etiology of Cancer," says: "From a careful microscopical investigation of many hundreds of cancers that have been submitted to me for examination, I am firmly of the opinion that many surgeons make the mistake of not removing sufficiently freely either the tissues in which a cancerous growth has made its appearance or the lymphatic glands associated with it. Quite recently Mr. Harold Stiles, of Edinburgh, has carried on an extensive and careful investigation into the question of how far the immediate tissues around the naked-eye cancer of the breast are affected. His method is based on the effect which nitric acid has upon the tissues, causing the connective tissue to become clearly differentiated from the epithelium. From a careful study of sections so prepared, both by Mr. Stiles and myself, as well as from microscopic examination, I am convinced that the only safe rule to be observed in removing cancer of the breast is to remove not only the main mass of the gland, but all outlying portions of the glandular tissue; so that if, on cutting away the margins of the tumor, treating with methylated spirit and nitric acid, and then with water, any opaque columns or fragments are to be seen still, I should consider that the removal had not been free enough. Of course, the part of the tumor that should be especially examined in such a case is that near the sternum, where, by reason of the shape of incision usually adopted, there is the greatest danger of fragments of the gland being left."—*Maryland Medical*

# Miscellany.

## HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases  
for week ending June 10, 1892:

WARD.											Croup.		Typhoid Fever.	
											Deaths.	Cases.	Deaths.	Cases.
1.....														
2.....														
3.....														
4.....			1				2							
5.....			1				1	1						
6.....														
7.....														
8.....													1	
9.....														
10.....														
11.....					1		1							
12.....							4	2						
13.....														
14.....			1											
15.....	5		2				3							
16.....							1							
17.....							1							
18.....														
19.....			1											
20.....	5													
21.....														
22.....	3		2											
23.....	9		1				1							1
24.....														
25.....														
26.....			2				1							
27.....														
28.....														
29.....			2		2		1							
30.....			2		2		1						1	
Public Institu- tions.....														
Totals .....	22	13	3	15	4	1	3	1						
Last week .....	0	11	1	2	3	1	3	1						

Mortality Report for the week end-  
ing June 10, 1892:

Croup .....	1
Diarrhoeal Diseases .....	3
Diphtheria .....	4
Influenza .....	2
Typhoid Fever .....	1
Other Zymotic Diseases .....	2—13
Cancer .....	4
Phthisis Pulmonalis .....	8
Other Constitutional Diseases .....	4—16

Bright's Disease .....	1
Bronchitis .....	3
Convulsions .....	5
Heart Disease .....	9
Meningitis .....	4
Nephritis .....	2
Pneumonia .....	6
Other Local Diseases .....	19—49
Deaths from Developmental Diseases .....	3
Deaths from Violence .....	6

Deaths from all causes .....	87
Annual rate per 1,000 .....	14.83
Deaths under 1 year .....	19
Deaths between 1 and 5 years .....	12—31
Deaths during preceding week .....	119
Deaths for corresponding week of 1891 .....	100
Deaths for corresponding week of 1890 .....	135
Deaths for corresponding week of 1889 .....	114

J. W. PRENDERGAST, M.D.,  
Health Officer.

## ON THE APPLICABILITY OF AL- UMINIUM TO OBJECTS OF COMMON USE.

In the many high expectations which have been indulged in with regard to the applicatihn of aluminium and aluminium alloys (*Pharmaceutische Rundschau*) their chemical properties have not been taken into account sufficiently. Notwithstanding all other qualities in which aluminium, considered in its metallic properties, is superior to other metals, its low degree of chemical resistance with regard to many substances, seems to be an invincible obstacle to its general use in domestic as well as in pharmaceutic, chemical and other industrial branches. That aluminium and its alloys are preferable to other metals for a large number of objects and applications and may be used for them, admits of no doubt; but the defect in chemical resistibility confines its general availability to very narrow limits and opposes the realization of the once hoped-for "Aluminium Age."

The property of aluminium and partly also of aluminium bronzes, when in contact with boiling water, of forming slowly but steadily aluminium-oxyde-hydrate, is a bar to the extensive use of the metal for cooking utensils in household as well as in the trades and industries. In addition to this, it is easily dissolved by alkalies as well as by acids, and when exposed to pro-

longed contact with a solution of common salt in the presence of inorganic or organic acids, it is attacked and gradually dissolved. This excludes its application in the rapidly-growing industry of preserves, in which it was thought the tinning of the iron plate entering into the manufacture of cans might be replaced by an aluminium covering. It also excludes the use of aluminium for vessels destined to provide armies with wine, coffee and tea.

Although the absorption of aluminium into aliments is inconsiderable and not perceptible to our taste, just as is the case with other metals which are not perfectly resistant, the steady introduction of aluminous salts, distinguished by their easy resorption into the digestive humors, into our organism, is by no means irrelevant and should be condemned as earnestly as any other introduction of metallic substance in our alimentary régime. For the same reason it is not advisable to use aluminium foil instead of silver foil for the coating of pills, because in this case not only the gastric juice, but often the contents of the pills themselves, co-operate in dissolving the metal foil.

In order to ascertain the solubility of aluminium in various liquids, Drs. A. Lubbert and Rotcher have instituted a series of investigations by exposing pure sheet aluminium for four days, ordinary temperature of room, to the action of the different liquids or solutions, and then determining the quantity of aluminium dissolved either directly from the filtrates or from the ashes. We take from the *Pharm. Central-Halle*, 1891, the following results obtained by these experiments:

Aluminium proved insoluble in alcohols (æthyl-, methyl-, propyl-, butyl-, amyl-alcohol); in glycerine and mannit-solution; in ether, acetaldehyd and acetone; in 1 per cent. propion acid solution and in 1 per cent. lactic acid solution.

Aluminium was dissolved in the following acids, *i. e.*, in 1, 5 and 10 per cent. attenuation: Formic acid, acetic acid, glycolic acid, propion acid (only in

10 per cent. solution, boiling being necessary with 5 per cent. solution); oleic acid, capryl acid, butyric acid, lactic acid (10 per cent. solution), cœnanthic acid, malic acid, valerianic acid, citric acid, succinic acid, oxalic acid, palmitinic acid, stearic acid, gallo-tannic acid, trichlor-acetic acid, salicylic acid, boracic acid, carbolic acid. Moreover, in methylamin, trimethylamin, propylamin.

In addition, solubility was demonstrated directly with specimens of red as well as white wine, coffee, tea and in 1, 5 and 10 per cent. solution of gall.  
—*Southern Dental Journal*.

---

#### THE MAN WITH A MUSICAL ANUS.

Some four or five years ago M. Verneuil exhibited to his class in Paris a case of what he facetiously denominated "musical anus." The patient was able at times, when sufficient flatus had accumulated in his colon, to evacuate it with some force, thereby producing a high-pitched musical note resembling that of a violin. On close examination he was found to have, in the cellular tissue about the lower end of the rectum, a pneumatocœle, with an opening into it from the rectum, formed by a narrow slit between two thin folds of mucous membrane, which, acting like a reed, produced the sound when the air was expelled from the tumor by forcible pressure from above. Numerous cases of fistula and other deformities of the anus have been seen in which the expulsion of gas from the bowel was accompanied by peculiar sounds, some, perhaps, musical to the enthusiastic observers. But in all these cases there has been some deformity or malformation of the rectum or anus.

Dr. Baudouin, however, has lately reported, in the *Semaine médicale*, a case that may with justice be called one of musical anus, and one that is of much interest from a physiological point of view. The patient, or rather the exhibitor, is a man, aged thirty, well developed, but without muscular excesses, tall, of full weight, and, so far as can be made out, entirely free from any dis-



ease or deformity. His digestion is good, and he does not develop an unusual quantity of gas in the bowel after eating. There is no pyrosis or abdominal tympanites. His fecal passages are normal, regular, and well moulded. The anus and rectum, in a state of repose, present nothing abnormal. The sphincter is moderately strong, but quite distensible, notwithstanding its daily exercise. The rectum is normal and not dilated. The remarkable feature of the case is that the lower bowel, at least, seems to be absolutely under the control of the man's will. He can empty it completely whenever he desires, a very fortunate accomplishment for his clothing and for the olfactories of his audiences. He was reared on the shores of the Mediterranean, and it was here that he first noticed his remarkable power. While bathing one day he observed, upon strong inspiration, the sensation of cold in his pelvis and abdomen, and at the same time felt the sea-water entering his rectum. In a short time he was compelled to empty his bowel, and noticed that he had taken in a much larger quantity than he had supposed. By practice in the ordinary bath and in the sea, he became able to store a considerable quantity of water, to retain it for some time, and to eject it with much greater force than at first. Later on he noticed that he could accumulate air in his bowel, as well as water, and by its expulsion could give rise to certain variations of sound. Applauded by his associates, who acknowledged his superiority in this class of exercise, he eventually developed the faculty beyond measure, and frequently gave exhibitions of his art before a select circle of his friends. From these reunions he began to exhibit his powers in the clubs and cafés, until he became the best known and greatest curiosity of the place. As his reputation spread he made journeys to the surrounding towns and villages, Béziers, Nîmes, Toulouse, and Bordeaux. At the latter place he was examined by many of the medical faculty, and it was found that he really could imitate certain musical instruments and emit certain popular melodies.—*N. Y. Medical Record.*

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### MEDICAL LITERATURE REVIEWED TO DATE.

#### MEDDELELSER OM SKARLAGENSFEBER, KLINISK-ANATOMISKE STUDIE.

By Dr. AUG. KOREN, Body-Physician, Christiania, Norway. Th. Steen, publisher.

The author has written an excellent little monograph on scarlet fever and its complications, but, unfortunately, the work is in the Norwegian language. He first considers the fever itself, with its various modifications and the treatment. The section devoted to the treatment is one of the shortest. The exanthem, the throat affection and its complications are then described, and handled in an interesting manner. Next follows the complicating affections, as scarlatinous synovitis, endocarditis, chorea and, finally, their treatment. The renal involvement, as well as the influence of the disease upon the ears, eyes and mind are treated of in respective chapters. The tenth and eleventh chapters are devoted to pyæmia and the influence of scarlet fever on the lymphatics and the thoracic organs. It is to be regretted that the work is in a language so little understood. F. H. P.

#### LECONS SUR L'ALCOOLISME.

Faites à l'Hôtel Dieu de Marseille, France. Par le DR. A. VILLARD, Professeur de Clinique médicale, etc., etc., *Lecons recueillies par le DR. VINCENT PAGLIANO, chef de clinique médicale, etc.* 267 pp. G. Masson, publisher. Librairie de l'Académie de Médecine, Paris, France, 1892.

This excellent work presents in an entertaining and instructive manner an exposé of the effects of alcohol upon the human system, being a report of the lectures which the writer delivered at the hospital Hôtel Dieu at Marseilles. The first lecture considers how one becomes an alcoholic. Intemperance is on the increase; strong drink destroys more victims than the cholera, the plague or wars. The toxicity of the various kinds of alcohol varies according to their origin, that of grapes being the mildest. The United States is designated as

the classic land of drunkenness. The second lecture takes up the manifestations of acute alcoholism, while in the third and fourth the results of its chronic use are considered—it action on the intestines, stomach, liver, pancreas, heart, blood-vessels, kidneys and urinary passages. The alcoholic lung is studied in the fifth lesson; then follow, the relation of alcoholism and tuberculosis, the antagonism of emphysema and tuberculosis, alcohol and its action on the nervous system, alcoholic paralysis and pseudo-tabes of alcoholic origin, the mental condition of alcoholics, the relation of pseudo-paralysis of alcoholic origin, alcoholism in the female, the influence of alcoholism on the progress of other diseases, the statistics and medico-legal aspect of alcoholism, its prophylaxis and therapeutics, following with the final lecture and some historical citations on this subject. One cannot peruse the work without being impressed with the degenerating, demoralizing, enfeebling and destructive in-

fluence of alcohol on the human race. May his work see many more editions, of which it is certainly deserving.

F. H. P.

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#### SUBSTANCES INCOMPATIBLE WITH ANTIPYRIN.

According to the *Pharm. Centralblatt* the following substances precipitate antipyrin from aqueous solution: (1) Phenic acid in concentrated solution; (2) tannin and tannic acid preparations; (3) tincture of iodine; (4) chlorides or mercury. The following decompose antipyrin when triturated with it in a dry state; (1) calomel, forming a toxic combination; (2) beta naphthol; (3) chloral, which forms an oleaginous liquid; (4) bicarbonate of soda (an acetic ether odor is given off); (5) salicylate of soda, also forming an oleaginous liquid; (6) the salts of quinine and caffeine, of which the solubility is increased by antipyrin.—*N. Y. Medical Record*.

---

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WHOLE VOLUME  
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## CONTENTS.

### LECTURES.

THE TREATMENT OF DIVIDED TENDONS. By M. L. Harris, M.D., Chicago, Ill. 837

### ORIGINAL ARTICLES.

A FEW CASES FROM MY EXPERIENCE IN OBSTETRICS. By Gould Smith, M.D., Taylorville, Ill. 840

### EDITORIAL.

THE END OF THE VOLUME. 847  
A WISE REGULATION. 848  
EDITORIAL NOTES: 849

### OBITUARY.

R. M. Byrnes, M.D. 849

### TRANSLATIONS.

PARISIAN MEDICAL CHIT-CHAT. By T. C. M.  
How Physicians Know How to Die.—A Physician's Analysis of Death.—The Prophecies of Axenfeld.  
—Ring Down the Curtain, the Farce is Finished.  
—The Last Moments of Baillarger, Berthollet and John Hunter.—The Heroic End of Trousseau. 844

### TRANSLATIONS.

THERAPEUTIC NOTES. By F. H. Pritchard, M.D.  
Treatment of Hemorrhage by Atropine.—Ichthyol in Urethritis. 846  
Methyl Blue in Acute Bright's Disease. 847

### SELECTIONS.

Traumatic Pneumo-Thorax. 840  
Relations Between Chorea and Epilepsy. 843  
Is this the Medicine of the Future?—Cancer Not Caused by Pessaries. 846  
Mixture for Hemorrhage. 850  
Treatment of Acute Rheumatism in Paris Hospitals. 850  
The Cause of Sea-Sickness.—The Cure of the Infective Diseases. 851  
Ovarian Cysts in Infants.—Treatment of Aneurism by Excirpation. 852  
Irrigation of the Large Intestine with Hot Water as a Means of Relieving Pelvic and Abdominal Pains. 853

### MISCELLANY.

Report of the Health Department of Cincinnati. 853  
The Most Recent Crusade Against Vice. 854  
A Toy Balloon in the Trachea; Removal. 855  
Birth of Child During Sleep of Mother. 856

## INDEX NUMBER

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PERFECT UNIFORMITY as to activity and identity.  
PROMPT SOLUBILITY of mass and coating.  
PERMANENCE as to conservation.  
PALATABILITY; and ELEGANCE of appearance.

**P**erfect Uniformity as to activity and identity is largely dependent upon the two points in the above list—purity and precision—which immediately precede our present theme, and to them we have referred in other notices. Purity aids in securing uniformity as to activity, for unsound materials are subject to progressive chemical changes which give rise to wide variations in strength. Uniformity as to weight is to be obtained only by using the greatest care in mixing and dividing the pill mass. Stability is so important a factor, not only in securing uniformity, but for still more obvious reasons, that we will refer to it in a future note.

**M**eanwhile we ask attention to the following preparations, which, with many others in our list, will be found to realize the conditions we have described. Among the pills here cited are some useful preparations for this season:

## PIL. QUINIAE, FERRI ET ZINCI VAL-

### ERIANAT, "W. H. S. & Co."

Prescribed in Nervous Strain, Neurasthenia, Melancholia, Epilepsy, Hysteria, Delirium Tremens, Dysmenorrhoea and Neuroses, dependent upon the cares of life. It is especially valuable to women. (Pills of three grains.)

## PIL. PHENACETINE ET CAFFIAE CIT-

### RAT., "W. H. S. & Co."

Prescribed in all forms of Nervous Headache. In Migraine it acts promptly, while it also lessens the frequency of the attacks. (Formula: Phenacetine. 2 gr.: Caff. cit. 1/4 gr.)

## PIL. TINCT. WARBURGI, "W. H. S."

successfully used in Eczema, Acne, Furunculosis, etc., is highly beneficial in Psoriasis. (Pills of 1-100 gr., 1-50 gr. and 1-20 gr.)

**Lectures.****THE TREATMENT OF DIVIDED TENDONS.**

A Lecture delivered at the Fourth Special Course of the Chicago Polyclinic, April 1, 1892,

BY

M. L. HARRIS, M.D.,  
Professor of Surgery, Chicago Polyclinic.

Gentlemen:

The proper treatment of a divided tendon is a matter of considerable importance. When it is remembered that most of these cases involve the tendons about the wrist or forearm, and consequently may result in the loss or permanent impairment of the use of the hand or some part thereof, the necessity of a proper management of them will be readily seen. That a divided tendon can and should be re-united by suture has been known and so stated in some of our standard text-books for years, but so little is said upon the subject, and there is such an absence of definite and proper directions concerning the best method of procedure, that the entire subject seems to have escaped the observation and attention of many. Hence, many of these cases are neglected, no attempt being made to unite the divided tendon, but it is left entirely to nature's effort, often with permanent impairment of function as a result.

When a tendon is divided its ends retract a greater or less distance, varying according to the presence or absence of a synovial sheath at the point of injury and the position of the parts at the time of the division. It is this great

in restoring its continuity and function. Consequently, in all cases of accidentally divided tendons, where possible, the ends should be immediately approximated and retained by properly adjusted sutures. This fact being recognized, the necessity of always carefully examining every incised or punctured wound in the neighborhood of tendons should not be forgotten. A case illustrating well the result of a failure to observe this rule presented itself at my clinic but a short time ago. A man received a small punctured wound from a piece of glass on the anterior aspect of the wrist. The physician who carefully cleansed and dressed the wound failed to observe that the flexor longus pollicis tendon had been cut. The wound healed quickly, and he did not discover until it was all well that the power of flexing the thumb was lost, necessitating a secondary operation to restore it.

In operating upon tendons and tendon sheaths, it is absolutely necessary, to be successful, that all operations be done aseptically, so if the wound be already infected and septic when first seen, it must be thoroughly cleansed and put in an aseptic condition before proceeding with the operation on the tendon.

There are three main points for consideration in suturing a divided tendon:

1. The material to use for the suture.
2. The method of placing the suture, or stitch.
3. The treatment of the soft parts covering the tendon.

The material should be soft, pliable, not too quickly absorbed lest the ends of the tendon separate again before they

tears a small tendon too much in suturing. It may also become absorbed too quickly if much tension be required in holding the ends of the tendon together. Silver wire, recommended by some, is decidedly inferior to silk, and possesses no advantages commending it for this purpose.

The method of passing the suture is of considerable importance. As you will remember, tendons are composed of tough, longitudinal, parallel fibres, loosely bound together by delicate connective tissue. If a suture be passed transversely through a divided tendon near its end, and any amount of traction put on it, it will simply separate the fibres and pull out. To withstand the degree of tension usually necessary to bring the parts in approximation, it is advised by some to pass the stitch at least half an inch, or even more, from the end, or to pass it through back and forth two or three times at increasing distances from the end. Others recommend deep tension sutures through the tendon and surrounding soft parts, with short, superficial approximation sutures at the ends. The best method, however, is the following, which, after considerable use of it, I have found to be very satisfactory and to possess several advantages:

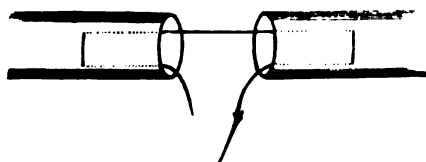


FIG. 1.

An ordinary round sewing needle, so as not to cut the tendon fibres, is threaded with sterilized silk as fine as the requisite strength will permit. The ends of the tendon are cut square and the needle made to enter the end at its center; from before backwards, and a little to one side of the center latterly. Passing longitudinally up within the tendon, it emerges on the surface from three-eighths to one-half an inch from the end and to one side of the mid-line. Crossing to the other side of the surface, the needle re-enters the tendon, passes longitudinally down within it,

opposite to its first point of entrance. It is then passed through the other end of the tendon in exactly the same manner. The stitch will be readily understood by a glance at Fig. 1:

It is then drawn tight until the ends of the tendon are in accurate apposition, tied, cut short, and the knot buried between the ends of the tendon, as in Fig. 2:



FIG. 2.

The advantages of this stitch are, that it will stand considerable traction, as it draws transversely on the tough tendon fibres; the ends of the tendon are "threaded" in accurate apposition, and cannot become displaced; the knot is buried, leaving the surface of the tendon smooth, so as not to acquire adhesions to its surroundings.

The third point for consideration is the treatment of the soft parts overlying the tendon, and this is of prime importance.

One of the causes of failure in operations on tendons is the adhesion of the tendon to the surrounding parts and skin. In the healing process the integument, soft parts and tendon are included in a common cicatrix, thereby fixing the tendon and limiting very much or entirely interfering with its motion. In order to avoid this common cicatrix the treatment of the soft parts will vary somewhat, according to the presence or absence of a synovial sheath at the point of division. When a tendon is divided, the upper or proximal end retracts so far that it is usually necessary to enlarge the wound in order to reach it and draw it down. In doing so the line of incision through the integument should not correspond to that of the tendon, but should be to one or the other side of it and then drawn over the tendon before the sheath is opened, so that the incision through the skin and sheath are not opposite each other. After the tendon is sutured the sheath should be drawn over the point of union and very carefully stitched with a fine

be absorbed, leaving no thickening. The integument is then slid over this and sutured separately. In the absence of a sheath the deep fascia must be made to take its place by drawing it over the sutured tendon and stitching it separately from the integument, so that the two lines of suture will not be opposite each other. In order to accomplish this, for instance, in a transverse cut through all the structures, it may be necessary to dissect up the integument for some distance to one side or the other, incise the deep fascia so that a portion of it may be slid separately from the integument over the sutured tendon, interposing itself between the tendon suture and the integument suture. I recently did this in the case of a boy with a transverse cut on the dorsum of the foot, severing the extensor tendons, and secured an excellent result.

The principle involved in the procedure, as will be readily seen, is *the interposition of a layer of tissue between the wound in the tendon and that in the integument, so that the cicatrix will not be common to both structures.*

Old cases, or those where, from any cause, the tendon was not united at the time of injury, should be cut down upon and the ends united by a secondary operation. Here the ends may be found adherent to the surrounding parts, or loose in its sheath if it have one. The sheath, however, in the interval between the retracted ends may disappear quite rapidly. For instance, in one case on which I operated six weeks after the injury, the sheath was so much contracted as to be followed only with difficulty by a very delicate probe. The ends of the tendon were loose in the sheath beyond the contracted part, having no adhesions whatever to its walls.

During the definitive healing of a sutured tendon there is formed a sort of callus around the ends, as was pointed out by Koenig, and during the life of this callus the tendon is adherent to the sheath at that point. This callus, however, is absorbed in about four weeks, when the tendon will again slide loosely within the sheath. This indicates that perfect motion should not be expected

and passive motions be instituted until the callus shall have had time to become absorbed.

It may happen occasionally, from the loss of a portion of a tendon, that the ends cannot be brought in contact. When the interval left is not great a silk suture may be introduced in the manner above described, approximating the ends as closely as possible, and tied. The sheath or deep fascia is carefully stitched over it and the wound closed. Connective tissue will be produced along the suture, ultimately connecting the ends of the tendon. This procedure is practicable where the interval does not exceed an inch. When the interval is greater than this, or where, for instance, a stubborn patient refuses to take an anæsthetic or to let you enlarge the wound so as to find the retracted end and draw it down, as occurred to me in two cases, the lower end may be attached to some adjoining tendon of a similar function; or a tendon of a subordinate function may be severed and made to take the place of the wounded one. When it is to

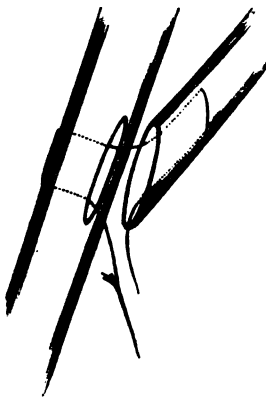


FIG. 3.

be attached to an adjoining tendon the sheath of the neighbor should be opened and a small longitudinal slit made in it to receive the end of the divided tendon. The suture is passed through the cut end as above described and then through the adjoining tendon from the bottom of the split. Crossing over, so as to include some of the fibres transversely, the needle again transfixes the tendon, appearing at the bottom of the slit, when the suture is drawn tight and tied, fixing the end closely and accurately into the slit (Fig. 3). The sheath and deep fascia are then attended to as above.

The following case will illustrate this method: A man received a small

of the forearm from a piece of glass. An examination showed that the flexor tendons of the ring finger had been cut. He absolutely refused to permit the wound to be enlarged so the upper retracted end could be reached and drawn down, consequently the lower end was attached to the flexor of the middle finger, which was visible in the wound. Primary union occurred, and, although the two fingers, of course flexed together, still, as their movements are usually associated, the result was very satisfactory.

The practice of substituting one tendon for another is capable of much more extended application than has been here mentioned, as, for instance, in paralytic talipes, where a sound tendon and muscle may be made by displacement to perform the function of one paralyzed; but our time will not permit us to specialize here.

In closing, I wish to draw your attention again to these three points:

1. The use of the sterilized silk suture.
2. The particular method of applying the suture.
3. The principle of interposing a layer of tissue between the sutured tendon and the sutured skin, so the cicatrix will not be common to both structures.

211 Opera House Block.

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#### TRAUMATIC PNEUMO-THORAX.

Witzel successfully relieved a case of this nature, which forms such a dangerous complication in wounds of the thorax by impeding respiration and pressure on the heart and large blood-vessels, by placing a catheter in the upper angle of the wound, then suturing the opening till air-tight; then filling the pleural cavity with warm boric acid solution, which gradually displaced the air, which escaped through the catheter. The liquid then was removed by siphoning it out through the catheter. After this procedure respiration became quiet and regular, and percussion and auscultation showed normal conditions.—*St. Louis Clinique.*

## A FEW CASES FROM MY EXPERIENCE IN OBSTETRICS.

BY

GOULD SMITH, M.D.,

TAYLORVILLE, ILL.

I will report a few cases in my practice of obstetrics which will show how a country practitioner has to meet emergencies, of which some are of interest in themselves. The first case I shall give is interesting to me as being my first case in obstetrics. The case had been in the hands of a midwife of the neighborhood for five or six hours, and when she discovered it was a foot presentation she was afraid to go on with it alone, so I was called. I got there about midnight; I made a very careful examination of the presenting part, and found it to be a foot presentation, and already outside of the vagina. The foot was cold, and no pulsation of the arteries could be felt. There was very little action of the uterus, so I made gentle traction on the presenting limb, which, in a measure, stimulated action in the uterus. The body was in time delivered as far as the upper part of the chest, when further progress terminated. The very thing I had dreaded happened at this point. The arms had worked out from the body and were lodged over the pubic arch. In making a careful examination of the cord no pulsation of it could be found, and all of that part of the body that was delivered was cold. I decided that, as the child was dead, that all there was to be done was to relieve the mother of it, but as it was my first case, I was timid in going on with the case alone. The husband was informed of the condition of things, and assistance was sent for. In about an hour and a half Dr. M— came to my help. He concurred with me in the diagnosis of death of the child and the condition of the progress and obstruction to immediate delivery. The Doctor brought down the arms and the shoulders were then delivered. At this point the Doctor got upon the



of the child by the heels and pulled at it until the mother's hips were lifted up from the bed. By this the child was finally delivered. The cord was found to be wound around the neck twice. The mother experienced no trouble in her convalescence.

Dr. M— spoke well of my attendance, and said I had done all that could be done and it was well that I called for help. But I found, in two or three months after, when I called upon the husband for my pay for attending his wife, that Dr. M— had said: "If he had been called at first he could have delivered the child alive."

My next case<sup>(1)</sup> was that of a child that was anencephalic, accompanied with entire absence of the medulla oblongata and spinal cord. I was called April 18, 1883, to attend Mrs. C— in confinement. She thought she was but seven months pregnant, but for the last two or three days she had not felt the movements of the fœtus. Upon vaginal examination the os was well dilated. The presenting part was hard, like bone, which was very irregular and rough at the edges, and projected towards the centre. I was at a loss as to the presenting part, but as it formed no obstruction the labor progressed rapidly and was over in a short time. The anomaly came in that of the fœtus, which was anencephalic and was accompanied with that of an entire absence of medulla oblongata and spinal cord. It was a female child of about five and a half pounds; viewed in front, its body and limbs were perfectly developed; it apparently had no neck, for the head seemed to set upon the shoulders and was drawn backward. The face up to above the eyes was normal; there the head seemed to be cut off above the orbits, and as the head was drawn back the eyes were the highest and most prominent part of the face and head. The sides of the head sloped down to the shoulder-points, and the ears were rather large and set about midway from the top to the shoulders,

side view was about the same as that of the front in general characteristics. From behind it showed the greatest variation. The upper part of the cranium was entirely absent; irregularities of the base of the skull were seen with a projection of about an inch, and in places much less, upward around the base, of rough, bony parts. In the centre of the base were the remains of a small sac which had been ruptured during the digital examination. It had been filled with a sero-sanguineous fluid, probably not more than two or three ounces. The opening in the skull extended down the spinal canal as far as the sacrum. The spinous processes and the laminae of the vertebrae were entirely absent, it representing more that of a groove than that of a canal. The spinal groove had the appearance of being lined with a tissue looking very much like cicatricial tissue, which at the shoulders was about an inch, or a little more, in width, though it narrowed gradually to a point at the lower end.

I could not get the consent of the parents to take the child and have pictures taken of it, although I should have very much liked to have made a more thorough examination and dissection of it in part. Drs. F. Bain and D. P. Philips, of the same town (Kenton, O.), saw the child during the next day after birth.

Case three was that of an hydrocephalic child which occurred about nine weeks after the occurrence of the last case given. The head was the presenting part. The scalp was very large and flaccid, but bone could be felt under it, and the parietal bones could be moved from one side of the head to the other, or in any direction. The head was so flabby that the parts pushed out very much, as the bag of water, so that it formed no obstruction to delivery. The child was still-born. Its head was very large, and so flabby that the cranium would drop and lay over the face or any part of the base of the skull that was lowest in the position given.

Case four.—I was called to see Mrs. E—, who was threatened with a mis-

<sup>1</sup> This case has been reported to the *Medical Review* and recently published.

tion. As I was not at home at the time, Dr. Bain saw the case first; but as soon as I returned the case was placed in my care. Dr. B. stated that in his examination the os was dilated to about the size of a silver dollar. But when I made an examination an hour afterward the os was contracted down and was normal in every respect. Mrs. E— complained very much of the pain, which was about the same, she said, as they had been when Dr. B. saw her. I made a very thorough examination of the case, and made a diagnosis that the pains were in the bowels and were the result of a subsequent constipation. The treatment given was such that it would relieve either the pains of colic in the bowels or quiet the pains in a case of threatened abortion. The case made a good recovery by the next day, and after that I lost track of the case.

In the fifth case I was called to attend Mrs. T— in confinement. The only point I wish to speak of here is that the examination showed that the diameter of the pelvis was narrowed down to about three and a quarter inches from the pubes to the sacrum, which required the use of forceps to compel the delivery.

In case sixth I was called to attend Mrs. B— in confinement. I could not make out at first what the presenting part was, but during the pains some of the meconium was pressed out into my hand, which clearly indicated that it was a breech presentation. It was rather tedious, and to assist the delivery I inserted the index finger as soon as the presenting part had passed the superior strait and hooked it over the thigh of the child and made gentle traction. As soon as the body was delivered I put the finger into the child's mouth and pressed the chin well down upon the sternum, which gave quite an aid to the early termination of the delivery.

In the seventh case I was called hurriedly in a case of consultation with Dr. Stansell, who who in attendance to Mrs. D., in the birth of a male child. I learned that the delivery had been one of normal duration, and all had gone well until the termination of the third

had been delivered safely, but at this point Mrs. D. suddenly went into a clonic convulsion, and lay thus for about fifteen or twenty minutes, when I was called. In the consultation the treatment agreed upon and carried out was the injection of a hypodermic tablet of morphine sulph.  $\frac{1}{8}$  grain, and atropine  $\frac{1}{100}$  grain. When the hypodermic needle was withdrawn she showed signs of reaction, and returned to consciousness in a couple of minutes. The after-treatment was that of bromide of potassium and small doses of morphine. My consideration of the case was that after the delivery of the placenta, etc., the place of its previous attachment to the uterus and separation left a raw surface, the same as a stump in an amputation of a limb. The contractions of the empty uterus upon the sensitive surface and sensitive nerves resulted in a reflex action on the nerve centers, and was the cause of the eclampsia at this stage, and the consideration of the convalescence will show that my consideration of the case was right. After further directions as to the management of the case we left the care of it in the hands of friends; Dr. S. had to go into the country to attend to some cases of diphtheria he had at the time on hand. Directions had been given that if there was a recurrence of the convulsions I should be called to attend the case during the absence of Dr. S. from town. In about an hour and a half I was called, as they feared Mrs. D. showed signs of a recurrence of the convulsions. When I got to the case no trouble of the kind had occurred, but she was very nervous, and complained considerably of pain in the stomach, which was very distressing to her. The bromide and morphine was repeated, and besides a mustard-poultice was applied over the lower part of the abdomen, with the intention of having it act upon the parts of the pelvis, so as to relieve the distress of the stomach. But as no relief was given it was placed over the sacrum, intending thereby to act upon the spinal nerves at the place where they left the medullary canal. No relief was given by it in this position, so next it was placed directly

over the stomach, when, as soon as it began to cause a warm feeling to the skin, and as the action increased, the pain in the stomach was entirely relieved; but the pain seemed to migrate to the uterus and lower part of the abdomen, and remained there, gradually disappearing as involution of the uterus progressed, when, at the end of seven or eight days, it entirely disappeared.

While I give only seven cases that are of interest to me, I had quite a number of other confinements, which were more easy and uncomplicated, interspersed along with those given.

The first case I give was interesting to me, as it was my first in obstetrical practice, and besides it shows that some of the practitioners will, at times, try to do all the injury they can to a young doctor as he is just starting out in his profession. The injury is done in a sly and an underhanded way.

The second case that is given is of interest because there is, as far as I know, only one other case on record just like it, and that is given by Tidy, of London, England, in his work on jurisprudence.

The third is given because it occurred in so short a time after the delivery of the one previously named. It shows that while in one there was an entire absence of a cranium and a spinal canal, this had a very large cranial vault, but in a very flaccid condition. There was probably a very small development of brain substance, the head being almost entirely filled with a fluid substance.

The next was my first delivery with forceps.

The sixth case shows how one will often be at a loss to know at first what the presenting part is in a breech presentation when it first occurs in his practice.

My last one given is interesting, as it is a case that is very little treated of in text-books, or was at the time of the occurrence of this case; I, at least, had not read of any cases of this nature. I understood those cases of convulsions which occur at the beginning or during the labor, but where the delivery had been completed, I had never read of any

such cases, so this had to be met with good practical sense and reason.

Often in our experience we meet with cases which, after a time, lose their interest to us, and yet I believe if more of these cases were given it would lead us to a more extensive knowledge of the science and art of obstetrics. I have read a number of cases which have been interesting to me, so I thought these might be of interest to other readers of this journal. This is the only excuse I have to give for thus coming before the public with the report of these cases.

#### RELATIONS BETWEEN CHOREA AND EPILEPSY.

Dr. G. R. Trowbridge (*Alienist and Neurologist*) says:

There is an intimate relation between epilepsy and chorea, both diseases being due to disturbances of the motor and intellectual centres of the brain, which differ only in the degree of intensity.

Chorea predisposes toward epilepsy, and epilepsy toward chorea—the former being the most frequent condition.

Chorea in one generation may be transmitted as epilepsy in the next or succeeding generations; or the epilepsy may appear first, and the chorea in the following generations.

A neurotic taint in the parent or parents may make one child choreic and another epileptic.

The diseases may exist simultaneously, but in these cases they are in inverse ratio, *i. e.*, the more violent the chorea, the less frequent and severe the epileptic convulsions, and, *vice versa*, the more violent the epilepsy, the less marked are the choreic movements.

In cases of chorea and epilepsy there is more or less mental impairment.

Since the completion of this article there has been admitted to this hospital a female who has both chorea and epilepsy, but unfortunately there was no history of the case. She has well-marked chorea, and her epileptic convulsions are of the *grand mal* type. Her walking and conversation are impeded by the choreic movements. Mental condition, imbecility.—*American Lancet*.

## PARISIAN MEDICAL CHIT-CHAT.

Extracts from "*La Journal de Médecine de Paris.*"

BY T. C. M.

*How Physicians Know How to Die.—A Physician's Analysis of Death.—The Prophecies of Axenfeld.—Ring Down the Curtain, the Farce is Finished.—The Last Moments of Baillarger, Berthollet and John Hunter.—The Heroic End of Trousseau.*

We might believe, if the doctrine of metempsychosis were the faith, that the sages of antiquity lived on, divested of their animal covering, in the souls of doctors. There is great consolation and much pride in recording the admirable example of serenity and contempt of death exhibited by Dr. Richet, who has left for posterity an analysis of all the death symptoms up to the last minute, recorded in his own case, with due scientific precision, notwithstanding his death agony. Some will accuse this professor of pedantism because he so publicly improvised his last clinical lesson; but we see in Richet only the marks of a spirit engaged in a superior task, the supreme manifestation of a stoical courage, the sign of an ardent conviction at the edge of that depth—perhaps without a bottom—which is the consummation of our final disintegration. Is it not the saddest of prerogatives for those who cultivate the science of observation that this insight into their own maladies gives power to study fatal symptoms without ability to arrest their progressive evolution? A profession where one pronounces a death sentence upon himself from which there is no appeal; to assist, as it were, at that slow failure of our being, accompanied by physical and moral tortures without respite—is this not the worst of

the "Princes of our science"—what a science, alas! We who flatter ourselves with knowing the secrets of life rest mute in wonder at the impenetrable mysteries of death.

In the last volume of his journal, Goncourt, with his pen, writes in his sinless style the details of a curious dinner held at Axenfeld's. All the guests were a little drunk—let us, rather, mildly say slightly intoxicated; they had reached that stage when a demi-sadness pervaded the entire group of diners, when the conversation was commencing to lag a little. Then it was that Axenfeld, suffering from the silence that had fallen on the convivial, suddenly raised his voice in a drunken frenzy and exclaimed: "I know I shall die from my brain;" then proceeded to detail in clear and scientific language the particulars of his future death. Then, turning on his guest at the right hand and regarding him with a piercing eye, the great diagnostician remarked: "You will die thus and thus;" and then detailed at length his sufferings and the end, that the future proved to be correct. Then, turning to his left-hand guest, he prophesied his future disease and the sad recital of his yet far-off death bed. The guests were sobered by this wonderful medical narration.

It requires a strong dose of philosophy to see the inevitable approach with calmness and an easy conscience. Although Petronius loved to repeat that all men were comedians, we doubt whether he played his part well in the play at that supreme moment. It was only Rabelais, who laughed at everything in this life, who was capable of still joking on his death bed. When Cardinal Bellay sent his page to inquire for Rabelais' health the dying physician said: "Go, boy; tell your master the condition you see me in. Tell him I go in search of a great perhaps. Ring down the curtain, the farce is finished!" While it may not be certain that these were the last words of Rabelais, yet

immortals he will be found with the jolliest crowd.

How many physicians have finished, as the poet has said, like the evening of a beautiful day—those whose souls have gone out to God in the calm sunset of life! These are the greatest names in medicine; let us invoke their memory. It was Haller, the magnificent Haller, who died from a plethora of science; Haller who, feeling his own pulse at the supreme moment of final agony, remarked tragically: "The artery beats—the artery beats still—the artery throbs no more," and expired without a sigh. It was Chirac who, in his delirium, imagined he was at the bedside of a patient, and, seizing his left wrist with his right hand and feeling his pulse, exclaimed, to the astonishment of his attending physician: "They have called me too late to this case. This patient should not have been bled, but purged. This man is dying;" and closed his eyes to awake no more. It was Baillarger, whose friend, the amiable Dr. Duveau, narrated in terms of sincere love a courageous death. Baillarger had preserved the absolute integrity of his intelligence up to the last hour, and a few moments before dying asked Dr. Patain, who, with Desnos and Guyon, had attended him devotedly, to read an article in "Deschamp's Dictionary," the definition of a symptom he suddenly experienced. The reading terminated, he quietly turned on his side, and, murmuring "that settles it," expired. It was John Hunter who said to the mourning friends who stood at his bedside: "Had I the strength to hold a pen I would tell you what a pleasant and easy a thing it is to die." It was Berthollet who remarked to his old friend Dr. Chaptal, who was endeavoring to cheer him: "I feel death approach and I feel happy. Why should I fear? I have never wronged a human being, and in this my last hour on earth I am consoled by the thought that we have been devoted friends for more than fifty years—devoted to me and mine. That is sufficient joy in life." This funeral oration pronounced by a dying man!

Re-read the lives of Plutarch's

names of antiquity or of modern times, and say whether there is anything more pathetic found than the death of the grand Trousseau. A master chapter it is—a jewel in the collection of Goncourt—a page to be classed in future anthologies. In January, 1883, Dieulafoy gave a history of the heroic death of Trousseau, from which the following extracts are gleaned:

"Trousseau asked Dieulafoy to feel an enlargement in his leg, saying: 'What is it? Has it a serious significance?' To which Dieulafoy, to reassure him, replied: 'That—what of that?' Trousseau smiled. 'Yes, that,' he said; 'what's the use of scientific terms? When one has that symptom one has cancer. I have a cancer; yes, I have. Now take charge of it for me, and I shall thank you as long as I live.' And he continued to live as if at a fixed day he was not condemned; he gave his usual consultations, held his evening receptions, had his music in the afternoons as usual, as serene and impenetrable as ever. He grew weaker as time passed, and could no longer walk about, and dispensed even with his carriage; but he continued to give his consultations. Yet, in spite of his will and his courage, the change in his appearance was so marked that every eye noticed it, and the news soon spread that he had cancer. Then the mothers of families ran to him, brutally remarking: 'Is it true, Doctor? Can it be you are going to die? My God! what will become of our children? What will my daughter do for a good doctor when she reaches the age of puberty?' Trousseau only smiled at these outbreaks of selfish grief, and, bidding all callers to be seated, prescribed for them as usual. In the last moments of his being this grand man's life was clouded by the dark future of his family and the terrible financial straits to which they were reduced. Finally he could no longer sit up, but took to his bed and received his friends as ever; clean shaved, in faultless chamber toilet, he acted like one who only suffered from some slight indisposition. Soon he suffered the most atrocious pain; only then he asked for

injections of morphine, but only in small quantities, just enough to bear his suffering with. Then he would smilingly remark to some of his medical friends: 'Now let's have a little intellectual gymnastics; let us discuss some new medical topic;' and he would name the subject and kept his intellectual faculties to the end. One day he exclaimed: 'How I long for a perforation or a hemorrhage! But, no; that's wrong. The end cannot be far off.' He endured this for seven months, and every day seemed his last. Late in his illness Nelaton came to visit him. 'This is your last call, alas!' remarked Trousseau. Nelaton nodded his assent. Nelaton returned again a few days afterwards and said to Trousseau: 'This time, my dear friend, is the last, alas! Your death decree is signed.' When at last the final moment came he said to his daughter: 'Come near me, dearest; take my hand;' then, sighing deeply, added: 'As long as I press your hand I am living; after that I shall be no more or I shall be.'"

So ended Trousseau, great in glory of reputation, but poorly compensated in this world's goods for his labors.

#### IS THIS THE MEDICINE OF THE FUTURE?

Dr. Constantin Paul, of Paris, has been treating paralyzed patients by subcutaneous injections of a solution of the gray matter of the sheep's brain. This is, of course, a development of Brown-Séguard's experiments with testicular juice as a restorer of virile strength. A physician in this country has been using injections of double distilled extract of gonorrhœal pus in the treatment of rickety children whose fathers confessed to having had gonorrhœa in their youth. This is a fact. Then there is Koch's tuberculin. What are we coming to, any way?—*N. Y. Med. Record.*

PROF. PARVIN does not believe that properly applied pessaries ever produce cancer. If cancer does follow the use of them, they are not the cause of the disease, but the condition must have already existed in the patient.

## THERAPEUTIC NOTES

FROM GERMAN, ITALIAN AND SCANDINAVIAN JOURNALS.

TRANSLATED BY  
F. H. PRITCHARD, M.D.,  
NORWALK, O.

### TREATMENT OF HEMORRHAGE BY ATROPINE.

Dr. Dmitrieff (*Wiener med. Presse*, No. 16, 1892) has used atropine with excellent results in the treatment of two very grave cases of menorrhagia. In the first case the hemorrhage resisted the usual remedies, as well as tamponading. Four injections of atropine, of three-tenths of a milligramme ( $\frac{1}{200}$  of a grain) caused it to cease. In the second case a thirty-two-year-old woman suffered from a severe metrorrhagia. Ergot, extract of *hydrastis canadensis*, ice, etc., had been tried in vain. The patient was very weak, and would fall into a faint on being even moved. Her extremities were cold. One-half hour after the first injection of  $\frac{1}{200}$  of a grain of atropine the extremities were warmer, the pulse fuller and slower, and the patient felt better in general. Five hours later a second injection was made, at which time the bleeding decreased to a great extent, entirely to cease after a third. Only a slight dilatation of the pupil was remarked in both patients.

[Beth root has been used with good results by some in metrorrhagia and menorrhagia. Ipecac is an old and neglected remedy for hemorrhage from the uterus. The oil of cinnamon is praised by other practitioners. Hydrastine has recently been introduced as an efficient remedy.—TRANS.]

### ICHTHYOL IN URETHRITIS.

Dr. Manganotti (*La Riforma Medica*, No. 85, 1892) recommends the employment of ichthyol in the treatment of urethritis which is not of an infectious nature. In none of the cases treated did any vesical, prostatic or testicular complications set in. The injections themselves were not painful. Solutions of 1, 2 and 3 per cent. strength were used, with which three to five

injections were made daily. Towards the end of the treatment they were decreased in number. The results were always good, especially in acute cases; but not so good in cases where the urethra had become accustomed to strong injections. The advantages of this method are that it is easily followed, is not not painful, does not increase the inflammation, and produces no complications in the neighboring organs. Unfortunately, the drug has a disagreeable odor and stains the clothing.

#### METHYL BLUE IN ACUTE BRIGHT'S DISEASE.

Dr. Netchajeff (*Norsk Magazin for Lægevidenskaben*, No. 5, 1892) administered to three patients suffering from acute Bright's disease three centigrammes (one-half grain) of methyl violet three times a day. In all three the urine was colored blue and much increased in quantity. The urine increased from 850 grammes to 3,200 grammes (27 to 103 ounces). At the same time all the symptoms—the albuminuria, ascites, œdema, etc.—decreased in severity, and in all three complete recovery took place in from nine to twelve days, at the most seventeen days. The writer does not regard the remedy as a diuretic in the usual sense, for, in dropsy, due to heart or liver diseases, he has obtained no results. He considers its action anti-bacterial, and the diuresis as a secondary symptom. It is peculiar that the kidney was not irritated, in spite of the dark coloration of the urine.

#### PUBLISHER'S NOTICES.

**Antidyspepsia Elixir.**—A cure for all forms of acute and chronic dyspepsia, melancholia, nervous prostration and hypochondriasis.

"This remedy is almost a specific in all forms of acute and chronic functional indigestion, and that nervous condition called hypochondriasis."—DR. OLMSTED, in the *Medical Brief*.

Formula on each bottle. Sold to physicians and druggists only.

THE VERSAILLES MEDICINE CO.,  
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## THE CINCINNATI LANCET-CLINIC:

A Weekly Journal of  
MEDICINE AND SURGERY

ISSUED EVERY SATURDAY.

EDITORS:

J. C. OLIVER, M.D.

L. S. COLTER, M.D.

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HENRY C. CULBERTSON,

PUBLISHER,

199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, June 25, 1892.

### Editorial.

#### THE END OF THE VOLUME.

This number brings us face to face with the fact that another volume of the journal is completed, and that in it we have contributed our mite to the onward march of medicine. We have endeavored to be honest with ourselves and to our subscribers; we have aimed to furnish our readers with the latest and best we could cull from the field of medicine; we have tried to give value received for our subscription price, and we have avoided any suspicion of sectarianism. Our largely increased subscription list shows that our labors are appreciated and we have wrought not in vain.

During the coming volume we intend making some new departures, in that we propose having departments on special branches of medicine, each under the charge of able men who are devoting their energies to special lines of work; thus we shall endeavor to make the journal one of great interest to the

practitioner.

To those who contemplate subscribing for a medical journal we are confident that they can get more for their money out of the LANCET-CLINIC than from any other journal. A trial will convince any physician that this is the journal he has been seeking.

To our literary friends we wish to say that we appreciate their past work as displayed by the articles they have furnished us for publication. We shall be pleased to publish articles for the profession, the only condition we make is that they must be *good*. We want only the best, and aim to publish only those articles which possess positive merit.

In conclusion, we desire to express our thanks to our friends who have so nobly assisted us in the work—who have made our cause their own, and have so largely contributed toward placing this journal in the front rank of medical periodicals.

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#### A WISE REGULATION.

We notice in the *American Journal of Ophthalmology* for May, 1892, that the General Assembly of Rhode Island

in the city or town for which such health officer is appointed, and the Secretary of State shall cause a sufficient number of copies of this act to be printed, and supply the same to such health officers on application.

*Penalty.*—SECTION 3. Every person who shall fail to comply with the provisions of this act shall be fined not exceeding one hundred dollars, or imprisonment not exceeding six months, or both.

SECTION 4. This act shall take effect July 1, 1892.

The caption of this bit of legislation is "an act for the prevention of blindness," and we believe the act is unusually well named, because statistics show that 10.8 per cent. of blindness is the result of neglected blenorrhœa neonatorum. In view of this heavy percentage all must at once see the wisdom of the attempt by this legislature to regulate and prevent this most terrible affliction. A greater handicap than blindness cannot be placed upon an individual beginning this life, for unless they are children of wealthy parents they must inevitably become charges upon the State, and for the most part be unable to contribute ought toward their own sustenance.

Were the results to the individual  
placed entirely out of consideration the



hear of this act, and unhesitatingly recommend it as an example which might, with profit, be followed by other States.

#### EDITORIAL NOTES.

DR. WM. CARSON has had the degree of "Doctor of Laws" conferred upon him by Miami University. The profession of our city will unite in the opinion that it is an honor worthily bestowed.

DR. HOBART AMORY HARE, of Philadelphia, will deliver the address on Medicine before the Mississippi Valley Medical Association at the meeting which occurs in Cincinnati in October of this year.

WE trust every member of the profession will exert himself in the effort to create a National Health Officer, with a seat in the Cabinet. This is an exceedingly important move, and should receive the undivided support of all the physicians in the country.

THIS week we have the pleasure of announcing the birth into the family of medical journals of three new children. From far-off India comes a brother, named *The Medical Reporter*; its editorial father is Lawrence Fernandez, M.D. It is published monthly.

The College of Physicians and Surgeons of Chicago has brought forth a lusty youngster, which has been christened *The Scalpel*. We trust the infant may develop into a strong, vigorous man.

The third new journal is entitled *The Humanitarian*, and is edited by Mrs. Victoria Woodhull Martin. The manifesto says "the aim of this journal is to discuss all subjects appertaining to the well-being of humanity." A pretty

large subject, sister, but we admire the scope of your undertaking, and wish you success.

#### In Memoriam.

R. M. BYRNES, M.D.

The following is the report of the Committee appointed by the Cincinnati Medical Society on the death of Dr. Byrnes:

Dr. R. M. Byrnes was born in Pittsburgh, Pa., November 2, 1835; after a lingering illness he died at Eldridge, Iowa, May 28th, 1892. He graduated from the Ohio Medical College in 1863, practiced medicine for two years at Middletown, O., then entered the drug business at Fifth and Race Streets, this city, in which he remained for fifteen years. In 1881 he resumed the practice of medicine, and continued in the same until within a few months of his demise. Two years ago he contracted a severe attack of the grippe, from the effects of which he never recovered.

Dr. Byrnes was a prominent scientist, a member of the Cincinnati Medical Society, Cincinnati Society of Natural History, of which he was President (unsolicited by him) for three terms, the members of this Society recognizing his rare ability insisted upon him occupying this important position that number of times. This is one of those rare instances in which the "office sought the man, the man not the office." He was also President of the Cincinnati College of Pharmacy, and in charge of the Botanical Department of the Geological Survey of Ohio.

Unobtrusive, unassuming, but of a very attractive personality, admired for his ability by his colleagues, regretted by his patients, mourned for by his sorrowing family, to whom he was an affectionate husband and father, his loss will be keenly felt by a large number of sorrowing friends.

#### RESOLUTIONS:

WHEREAS, in view of the loss we have sustained by the decease of our friend and associate, Dr. R. M. Byrnes, and of the still heavier

dearest to him, therefore be it  
Resolved, That it is but a just tribute to  
the memory of the departed to say that in  
regretting his removal from our midst we  
mourn for one who was in every way worthy of  
our respect and regard.

Resolved, That we sincerely condole with  
the family of the deceased on their bereavement.

Resolved, That this heartfelt testimonial  
of our sympathy and sorrow be engrossed upon  
the minutes of this Society, and a copy for-  
warded to the family of our departed friend by  
the Secretary of this meeting.

#### MIXTURE FOR HEMORRHAGE.

■ Powdered ergot, . . .	3ijss.
Sulphuric acid, . . .	3ss.
Distilled water, . . .	Oj.

Boil and evaporate to six ounces and then  
add:

Alcohol, . . .	3vj.
Syrup of cinnamon, . .	3j.

#### PUBLISHER'S NOTICES.

A NEW PREPARATION OF IRON, A SPECIFIC FOR ANÆMIA.—Reynold W. Wilcox, M.A., M.D., Professor of Clinical Medicine in the New York Post-Graduate School and Hospital, read a scholarly paper entitled, "Anæmia, its Treatment with a New Preparation of Iron," before the section in General Medicine of the New York Academy of Medicine, April 19, 1892, which was published in the *New York Medical Journal*, May 7, 1892.

The author reports the clinical history of twelve cases of anæmia which he has treated with the most gratifying success by Weld's Syrup of Chloride of Iron [Parke, Davis & Co.'s].

The conclusions of Dr. Wilcox are:

In anæmia iron is by far the best remedy.  
Of all preparations the Tincture of Iron Chloride is the most valuable.

The official tincture is objectionable in that it excites nausea, disgust and vomiting, stains and destroys the teeth.

These disadvantages are obviated in Weld's Syrup of Chloride of Iron.

In removing these disadvantages its therapeutic efficacy is not in any way impaired.

**PRACTICE FOR SALE.**—I will offer my residence and practice for sale, located in Greene County, six miles west of Xenia, O., and eight miles east of Dayton, O., on two railroads; one of the best country locations in the State; good schools, churches, gravel roads, etc. No opposition. Address J. A. McCLEURE, M.D., Alpha, Ohio, Greene County.

**SAMPLES OF Sander & Sons' Eucalypti Extract (Eucalyptol), gratis,** through Dr. Sander, Dillon, Iowa. Eucalyptol stands foremost as a disinfectant, is a perfect check to inflammatory action, and invaluable in zymotic diseases. Mayer Bros. Drug Co., St. Louis, Mo. Sole Agents.

## FROM CURRENT MEDICAL LITERATURE.

### TREATMENT OF ACUTE RHEUMATISM IN PARIS HOSPITALS.

Prof. Strauss treats acute articular rheumatism as the majority of physicians, by salicylate of soda. He prescribes it at the daily dose of from one to two drachms for men and a little less for women, in a potion of four ounces, with a little syrup and peppermint. The potion he gives in two parts in the evening, at two or three hours interval. He prefers this method to that of repeated small doses every hour, as the effect is more energetic. The treatment is continued as long as any fever and pain in the joints persist. When that effect is obtained he continues the salicylate for five or six days, but diminishes the dose by twenty grains each day. When the drug produces profuse sweating, M. Strauss gives one or two pills of one-fiftieth of a grain of atropine. According to the eminent professor, salicylate of soda acts as a regular *specific*, as quinine in intermittent fever.

Prof. Bouchard employs also salicylate of soda, which he gives along with bicarbonate of soda. He also continues for some days after the apparent disappearance of the malady the treatment at decreased doses.

Salicylate of soda is for M. Millard also the remedy *par excellence*. According to him it is one of the most important conquests of modern therapeutics, one of those which astonishes him most when he looks back on his student days.

M. Bucquoy gives two drachms of salicylate daily. He prescribes no local treatment, as he considers the soda sufficient. However, where the presence of albumen is detected in the urine, he suppresses the salicylate and orders quinine, Dover's powder, or antipyrine.

M. Dujardin-Beaumetz is also a strong partisan of salicylate of soda, unless where a renal affection or pregnancy complicates the situation. Lately, M. Dujardin has been employing

naphthol B. (mono-sulphate de calcium) at the dose of five grains a day. He was well satisfied with it.

M. Chauffard has been in the habit of prescribing antipyrine at the rate of from one to two drachms daily. The effect was rapid, and never did he witness those painful cerebral symptoms caused by salicylate of soda. Where the diaphoresis is too abundant M. Chauffard prescribes a pill or two of sulphate of atropine.

M. Barth considers salicylate of soda counter-indicated in pregnant women, persons suffering from heart affections or renal disease.—Paris Correspondent of the *Med. Press and Circular*.

#### THE CAUSE OF SEA-SICKNESS.

Various theories have been propounded from time to time to account for the phenomena of sea-sickness, but none has been found to be applicable to every case of the affection. The subject is discussed in a paper communicated to the *Boston Medical and Surgical Journal* by Mr. C. N. Barney, who recognizes two states of sea-sickness, the first being associated with disturbance of the fluid in the semi-circular canals, and the second with tension on the abdominal muscles induced by the motion of the vessel in which the sufferer is travelling. Sea-sickness, it is affirmed, is essentially a disturbance of the faculty of equilibrium, such disturbance being most favored by backward, downward, or oscillating motion, or more than all by an irregular combination of all. For this reason it is that many persons who experience no inconvenience from the regular swing of a yacht, become sick in a row-boat or a steamer. The sickness of the second kind mentioned is due to the mechanical disturbance of the viscera permitted by incoördinate muscular action, which, however, is itself the result of faulty labyrinthine impressions. In one accustomed to a seafaring life involuntary muscular action protects the abdominal organs from contusion; in others the course of events is as follows: The endolymph follows the motion of the head, and after that motion has stopped

continues for a moment or so to move on in the original direction. During this second erroneous impressions are conveyed to the sensorium, which in turn sends a mistaken impression to the abdominal muscles, and thus a wrong set are brought into action, the result being complete abdominal chaos. The intestines bulge forward at each descent of the ship, so stretching and irritating their attachment that the abdominal vessels are gorged with blood and vomiting sets in. A third variety of sea-sickness, of a minor kind, is attributed to the mere churning about of the food in the stomach, irritating the nerves as they would be irritated by an emetic. This is the kind often experienced in small boats, and is at once relieved by vomiting. The question of treatment and prevention does not come very much within the scope of the paper; but the suggestions thrown out in respect to the origin of the symptoms may be considered to offer something in the nature of a clue in this connection.—*Med. Press and Circular*.

#### THE CURE OF THE INFECTIVE DISEASES.

G. and F. Klemperer (*Berl. klin. Woch.*, May 2, 1892) treat of this subject in regard to immunity induced subsequently to infection. The value of the immunity depends upon its degree and the rapidity with which it can be established. The most rapid method is by blood serum, as discovered by Behring and Kitasato. In animals the cure of several has already been thus effected (*Epitome*, April 9, 1892, par. 331), and most recently that of the enteric fever infection. Every well-marked and acquired immunity is transferable to other animals. The serum treatment is a specific one.

The authors have been able to establish immunity in the same rabbit against two separate infections, namely, that of the pneumococcus and that of mouse septicæmia. The difficulty of obtaining the serum must constitute an obstacle to hæmatotherapy, and hence a simpler method of establishing immunity is sought for. This consists in

ture into the veins. By this method the protective substances have still to develop, whereas they are already present in the serum. Thus the immunity conferred by the former method occurs only after a few days, but that by the latter in a few hours. Previous failure by the first-named method has been due to the feebleness of the immunity induced. The degree of the immunity depends on the amount of the culture introduced. The difficulty lies in concentrating the latter. This the authors have effected by means of the air-pump down to one-tenth of its former volume, and without the application of too great heat. Against the pneumococcus infection some degree of the immunity is present on the following day. In a very virulent pneumococcus infection in rabbits this method does not succeed, but a less virulent infection can be easily cured.

Thus, in addition to the serum treatment, a slowly-developing infection in animals can be cured by an immunity subsequently induced by the introduction of an attenuated culture into the veins. The advantage of this method consists in the readiness with which the remedy may be prepared, the disadvantage in its uselessness against sudden and rapidly fatal infection. In man the majority of the infective diseases develop slowly, so that they may permit of this method of treatment.—*British Med. Jour.*

#### OVARIAN CYSTS IN INFANTS.

Kissel (*Nouv. Arch. d'Obstet. et de Gynec.*, October, 1891. Supp. p. 458) found 30 cystic ovaries in 428 bodies of female children (362 from birth to 1 year old, the remainder from 1 to 13 years old.) In only one case of cystic ovary was the subject over 1 year, and that case was 13 months old. The younger the infant the higher up lay the cystic ovaries, the older infants bearing the tumors in the pelvis. The cysts most usually occupied the outer aspect of the ovary. The cysts were tense, sometimes larger than the ovary, and often had septa. The ovarian

the pressure of the cyst; sometimes there were traces of parenchyma on each side of the cyst. Why these cysts were so common in infants and rare in children Kissel could not explain. He carefully searched with the microscope, but could not once find any trace of cyst or cicatrix representing the site of a cyst. These cysts must, it would seem, undergo a retrograde change, and, thanks to the youth of the patient, the parenchyma is probably reproduced.—*Med. and Surg. Reporter.*

#### TREATMENT OF ANEURYSM BY EXTIRPATION.

Kubler (*Beiträge zur klin. Chir.*, Bd. ix, Heft 1) reports three cases in which Professor Bruns, of Tübingen, performed extirpation of an aneurysmal sac. The first case was one of a large popliteal aneurysm in a patient aged fifty-six. The other two were cases of traumatic aneurysm of the brachial artery. In each of these cases total extirpation of the sac was followed by speedy and complete recovery.

Notwithstanding the difficulty of this operation and its demands on the time and patience of the surgeon, it is strongly advocated by Kubler as being the best method of treating aneurysm of a limb. He has collected forty cases from different sources, the results of which certainly go far to confirm the opinion. Twenty-eight of those were cases of arterial aneurysm, and in the remaining twelve both artery and vein were involved in the swelling. The aneurysm was non-traumatic in eleven cases, and the result of injury in twenty-nine cases. In eighteen cases it was seated in one of the lower, and in sixteen in one of the upper limbs. In thirty-nine of these cases, three of which were treated before the era of antiseptic surgery, the operation was completely successful.

In each of the three cases treated by Bruns the sac was dissected away *in toto*, and unopened, the vessels on the proximal side having been previously tied and divided. In not one of the cases collected by Kubler was any men-

rhage or of gangrene. Extirpation of the sac in the treatment of peripheral aneurysm is held to be the most rational and certain, and the least dangerous method. The undoubted difficulty of this operation ought not, the author urges, to be considered a serious objection in these days of anæsthetics, bloodless methods, and perfected antiseptics.—*British Med. Jour.*

# IRRIGATION OF THE LARGE INTESTINE WITH HOT WATER AS A MEANS OF RELIEVING PELVIC AND ABDOMINAL PAINS.

Dr. Forrest (*Rivista Clinica e Terapeutica*, No. 2, 1892) has employed irrigations of the large intestine as a means of relief in the treatment of several cases of renal colic, ovarian neuralgia, abscesses of the broad ligament, pelvoperitonitis, dysmenorrhœa and gallstone colic. This means gave great relief, even in those cases where morphine had been injected in vain. In some cases the irrigation had a real antiphlogistic action. The patient is put in Sims' position. Thus she comes to lie upon the left side, the left arm is placed behind her back, the legs partially flexed, the pelvis elevated by means of a cushion, and the head low. In this position the patient can give the injection. The temperature of the water should not exceed 100°, and the amount not, at first, be over one to two pints. It should be injected very slowly and held for five minutes. When the water is expelled it will contain a certain quantity of fecal matter. Then repeat the injection and inject as much as possible and retain it as long as possible. Relief is generally given by this second injection. After this is expelled, inject a third time a pint of liquid. This third injection is especially useful in renal colic, as the water is eliminated by the kidneys. To this latter injection may be added a salt of lithium, any mineral water, etc. Whatever may be the theory of the manner of the action of these injections, there is no doubt as to their efficacy.—*American Gynecological Journal.*

## HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending June 17, 1892:

WARD.	Measles.		Scarlet Fever.		Whooping Cough.		Diphtheria.		Croup.		Typhoid Fever.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....			2				2	1				
2.....												2
3.....			1				1					
4.....	1						3	1				
5.....												
6.....					1							
7.....			1									
8.....					1							
9.....												
10.....												
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12.....			1									
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14.....			3	1								
15.....							1					
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17.....					2							
18.....	2											
19.....	1											
20.....							1					
21.....	1						1					
22.....	2										1	
23.....			4									
24.....	4		2									
25.....												
26.....			1				2					
27.....							2					
28.....							2					
29.....							2					
30.....	2											
Public Institutions.....												1
Totals.....	13		15	1	3	1	17	2			3	3
Last week.....	22		13		3		15	4		1	3	1

Mortality Report for the week ending June 17, 1892:

Cholera Infantum.....	1
Diphtheria.....	2
Influenza.....	1
Scarlet Fever.....	1
Typhoid Fever.....	3
Whooping Cough.....	1
Other Zymotic Diseases.....	2—11
Cancer.....	2
Phthisis.....	18

Bright's Disease.....	4
Bronchitis.....	2
Convulsions.....	5
Gastritis—Gastro-Enteritis.....	2
Heart Disease.....	3
Liver Disease.....	3
Meningitis.....	7
Nephritis.....	1
Peritonitis.....	2
Pneumonia.....	5
Other Local Diseases.....	18—52
Deaths from Developmental Diseases.....	6
Deaths from Violence.....	8
<hr/>	
Deaths from all causes.....	104
Annual rate per 1,000.....	17.73
Deaths under 1 year.....	28
Deaths between 1 and 5 years.....	10—38
Deaths during preceding week.....	87
Deaths for corresponding week of 1891.....	117
Deaths for corresponding week of 1890.....	146
Deaths for corresponding week of 1889.....	115

J. W. PRENDERGAST, M.D.,  
Health Officer.

### THE MOST RECENT CRUSADE AGAINST VICE.

Andrew F. Currier, M.D., says (*American Gynecological Journal*, June, 1892), in reference to the crusade which is being preached by the Rev. Dr. Parkhurst, of New York:

There is no class of medical practitioners so deeply concerned in the outcome of this crusade against vice as the gynecologists. The particular form of vice which is now being preached against is not only immoral, but is certain to result in severe lesions of the female sexual apparatus. This crusade should therefore appeal strongly to the thoughtful consideration of the gynecologist.

It is improbable that either Dr. Parkhurst or the most sanguine of his adherents expects to see prostitution exterminated. Much as that end is to be desired, it would take a miracle to accomplish it, at least while mankind remains in its existing depraved condition, and self-denial and mortification of the flesh are so comparatively infrequent and unpopular. Those who insist upon the necessity of existing social evils seem to take much satisfaction in ridiculing the efforts of this apostle and advocate of a clean social and municipal life. It would be as consistent to ridicule a doctor, who battles all his life

sumptions, and dies, leaving just as many as, or more, than when he started. Our opinions of human progress should be based upon the experience of ages and milleniums, and not upon the experience of our own brief lives.

Prostitutes, as a class, suffer more with disease than any other class of people in the community. And why should they not? Only the more fortunate among them can be select in their choice of patrons; the majority of them must receive drunkards, brutes, syphilitics or anything else that comes along that can pay. Who cares for the health or comfort of a prostitute? Their sleep is broken, their clothing is often insufficient for their protection, constant excitement, improper food, immoderate use of alcohol, all these, in addition to sexual excess and exposure to infection, render them especially susceptible to disease. How large a percentage of them must inevitably suffer with disease of the genital organs if a life of prostitution is continued for any length of time! The gynecologist finds them the most unsatisfactory patients with whom he has to deal. It is next to impossible to quarantine them when suffering with venereal disease. If able to be about, they are, usually, unwilling to go to the hospital, and one cannot compel them to go. If in attendance at a dispensary, or treated privately, they can rarely be restrained from practicing their calling at the same time. They usually cease their medical treatment long before they cease to be objects of infection. If examined periodically in public houses, we know that such an examination is of the most superficial character, but, even if sufficiently thorough, it offers no protection against infection, which may take place any moment after the operation is completed. Prostitutes suffer not only with what may be termed the ordinary venereal diseases, syphilis, chancroid, urethritis and vaginitis, but with infectious cystitis, endometritis, and peritonitis with its associated lesions. The observations of Mercier, published in 1848, after many autopsies upon women who were known

pyosalpinx and ovarian abscesses were relatively much more common among them than among other women. This is in harmony with my own experience, which is based upon many observations upon the living. This experience would lead me to venture the statement that at least 25 per cent. of prostitutes who continue their vocation five or more years suffer permanent disorganization of the uterus and appendages. They become perfectly sterilized, though this is certainly not an unmixed evil. Who ever sees a pregnant prostitute, after she has become habituated to a prostitute's life? Suffering, as many of them do, with repeated attacks of gonorrhœa and peritonitis, there results early destruction of the fimbriated extremities of the Fallopian tubes, a change which, according to Bland Sutton, ordinarily occurs very slowly.

And these are results which need cause no surprise in connection with a life of prostitution. They are incidents, or accidents, in the life of other women, but with prostitutes they are not unusual occurrences. A prostitute is, therefore, very frequently a great sufferer herself, as well as a constant menace to the health of the community.

It has not appeared that, in the crusade in question, there has been any proposition to legalize vice as a means of remedying these physical and moral evils. Indeed, though that plan has been tried often enough here and in other countries, it has proven a dismal failure, apart from its inherent immorality. Instead of making vice respectable, it should be made odious, and all participants in it should be sent to prison, and kept there sufficiently long to realize that indulgence in that which thrives only while the public and individual conscience sleeps, and the guardians of public order are bribed and debauched, has little to commend it from any standpoint.

At the same time the opportunity should be taken of subjecting all such persons, if diseased, to rigorous medical or surgical treatment, which should not be discontinued so long as any symptoms of its existence remain. If

diseases willfully and knowingly, as is done every day, if the infection of venereal diseases were dreaded like that of small-pox, there would be fewer prostitutes, fewer who patronize them, and the physician would have a better opportunity to control his cases, at least until the infectious elements had disappeared.

#### A TOY BALLOON IN THE TRACHEA; REMOVAL.

Dr. W. C. Glasgow (*N. Y. Med. Jour.*, 1891, liv., 460.) gives the following history:

The patient, a colored child, eight years old, was seen for the first time April 22, 1891. It was stated that two hours previous to this time the child had swallowed a toy balloon, that she had severe choking spells, but that in the interval her breathing was normal. When brought to the clinic there seemed to be nothing the matter with her. Her breathing was perfectly quiet and normal; there was no cough; her voice was clear, and there seemed to be no interference with respiration. Suddenly, however, without any apparent cause, she began to struggle as if for air. She became quickly cyanotic, her cry was toneless, and there was frothing at the mouth.

An examination of the chest showed a whistling râle over the left bronchus, with weakening of respiratory murmur. She was then chloroformed and a low tracheotomy done, but nothing could be detected even by the sound passed into the trachea. On the fifth day she had several coughing spells, with symptoms of strangulation, and during one of these attacks, a red substance was seen presenting at the tracheal wound. This was caught with a forceps, and although but gentle traction was used, the red rubber came away from its attachments, leaving the wooden tube in the trachea. This was forced upwards through the glottis and removed through the mouth. It was too large to pass through the tracheal opening. The next day surgical emphysema was seen over the whole an-

terior part of the chest. The left lung gave numerous mucous râles, with a distinct full respiratory murmur. The wooden part of the balloon measured an inch and three-sixteenth in length, and five-sixteenths of an inch in diameter.—*Med. and Surg. Reporter.*

#### BIRTH OF CHILD DURING SLEEP OF MOTHER.

J. B. Eagleson, M.D., surgeon to Grace Hospital, Seattle, Wash., writes: "The case of 'An Easy Birth,' reported in the *Medical Record* of April 23, by Dr. Ernest B. Sangree, of Philadelphia, Pa., brings to my mind a case which occurred in my practice three years ago. One afternoon I was called in to see a lady whom the message said had given birth to a child during the night before, but that 'the afterbirth had not yet come away.' On making an examination I found the placenta lying loose in the vagina, and readily removed it. In talking to the patient I elicited

the following history from her: She was about seven months pregnant and had excellent health during the whole time. On the evening before, she felt some slight pains in her stomach, and thinking that she had eaten something that did not agree with her, she took a dose of castor-oil at bedtime. She had no more pains and went to sleep as usual, and did not wake until about 3 a.m., when she felt something lying between her legs. On examining it she found that it was her baby, which had been born while she was asleep. It was a seven-months' still-born fetus. The lady was at that time twenty-eight years of age, and had given birth to one child eighteen months before. Since then I have attended her in two confinements, both of which have been somewhat slow, one seven hours and the other nine hours. As I have never heard of a case in which the child was born while the mother was asleep, this one seemed to me to be worth reporting."—*N. Y. Med. Record.*

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# INDEX TO VOLUME XXVIII.

JANUARY—JUNE, 1892.

- ABDOMINAL** and uterine tolerance in pregnant women, 703.  
and pelvic pain, irrigation of the large intestine with hot water for, 853.  
nephrectomy for hydronephrosis, 378.  
section, accident during, 804.
- Abolition** of electrical execution, 262.
- Abortion**, 567.  
advising to commit, 390.
- Abortive treatment** of gonorrhœa, 588.  
treatment of inguinal buboes, 408.
- Abscesses** in pneumonia, artificial production of, 766.
- Acid dyspepsia**, 357.
- Actinomycosis**, treatment of, by carbolic acid, 792.
- Acute gonorrhœic albuminuria** and its treatment, 552.
- Address of welcome**, 643.
- Adenoid vegetations** of the naso-pharynx, 545.
- Advertise**, one way to, 325.
- Advertising** for dispensary patients, 421.
- Advice**, word of, to young doctors, 564.
- Alcoholic cirrhosis** of the liver, treatment of, 729.
- Alcoholism** and tuberculosis, 741.
- Alleged ovarian gestation** combined with normal pregnancy, 26, 120.
- Alopecia areata**, treatment of, 185.
- Aluminium**, on the applicability of to objects of common use, 833.
- Amenorrhœa**, 16.
- American Academy of Medicine**, 527.  
Medical Association sections, 450.  
Medical Association, forty-third annual meeting of, 824.  
Surgical Association, 699.
- Americans** in the Riviera, 34.
- Amyl nitrate** in cocaine nausea, 274.  
in the accidents of chloroform narcosis, 585.
- Anæmia**, 591.
- Anæsthetic**, new local, 239.
- Aneurism**, treatment of by extirpation, 852.
- Angina pectoris**, prophylactic treatment of, 317.
- Angiospasmotic hemicrania**, 444.
- Annual commencement and reunion** of the Miami Medical College, 483.
- Anthrax**, discussion on, 688.  
cure of, in animals by the toxins of putrefaction, 285.
- Antimonium tartaricum** in skin diseases, 243.
- Antipyrin** habit, 209.  
in diarrhœa in children, 277.  
in erythema nodosum, 244.  
in hepatic colic, 337.
- Antipyrin** in ophthalmic practice, 738.  
iodides of, 120.
- Antiseptic treatment** of parasitic skin diseases, and especially alopecia areata, with Chinese oil of cinnamon, 791.  
treatment of profuse diarrhœas, 372.
- Apoplexy**, to cause the clot of to be absorbed, 631.
- Appendicitis**, 335.  
treatment of, 125.
- Aristol** in chronic dysentery, 783.  
in the treatment of corneal ulcers, 480.
- Arthrotomy** in old luxations, 119.
- Articular rheumatism**, 553.
- Artificial production** of abscesses in conditions tending to suppuration, 450.
- Ascarides**, treatment of, 479.
- Assafœtida** in habitual abortion, 499.
- Association of Military Surgeons** of the National Guard of the United States, 579.
- Asthma**, 367.  
mechanical treatment of, 716.
- Atrophic cirrhosis** of the liver, treatment of preascetic œdema of the lower extremities in, 431.
- Atropine** in mushroom poisoning, 476.  
in the treatment of hemorrhage, 846.
- BACILLUS** of influenza, 265.  
of typhoid fever: its occurrence and significance, 21.
- Bacteriological examination** of the Boston milk-supply, 165.  
examinations of water, 605.
- Bacteriology** of normal urine, 323.
- Bad bill**, 606.
- Bed-sores**, aristol in, 121.
- Beef tea**, 132.
- Benedict, Dr. E. S. McKee** is a, 191.
- Benzo-naphthol**, 553.
- Belgian law** against hypnotizing, 252.
- Beta naphthol** in suppurating otitis, 441.
- BIBLIOGRAPHY:**  
Bacteriological Diagnosis, Eisenberg, 495.  
Botany, Johnstone, 496.  
Cancer and Its Treatment, Lewis, 764.  
Die Influenza in dem Winter 1889-1890 nebst einem Rückblick auf die früheren Influenzapandemien, Ruheman, 701.  
Diseases of the Bladder and Prostate, Wyman, 199.  
Diseases of the Eye, deSchweinitz, 700.  
Diseases of the Mouth in Children (non-surgical) Forchheimer, 377.  
Diseases of the Nervous System, Bauduy, 762.

- Diseases of the Urinary Apparatus, 1 meg.  
 masic Affections, Gonley, 764.  
 Essentials of Medical Electricity, Stewart  
 and Lawrence, 295.  
 Foster's Physiology, 96.  
 Fundamentos de Patogenia, Cerrada y Mar-  
 tin, 737.  
 History of Circumcision from the Earliest  
 Times to the Present, Remondino, 50.  
 Lecons sur Alcoolisme, Villard and Pagliano,  
 835.  
 Lessons in the Diagnosis and Treatment of  
 Eye Diseases, Wood, 50.  
 Manual of Operative Surgery, Treves, 407.  
 Massage and Swedish Movements, Ostrom,  
 295.  
 Meddelelser om Skarlagensfeber Klinisk-  
 Anatomiske Studie, Koren, 835.  
 Microscopical Diagnosis of Tuberculosis,  
 Paquin, 199.  
 Outlines of Zoology, Thomson, 699.  
 Physical Diagnosis, Gibson and Russell, 294.  
 Practical Midwifery, Reynolds, 763.  
 Practical Treatise on Diseases of Women,  
 Thomas, 494.  
 Practical Manual of the Diseases of the Skin,  
 Rohé and Lord, 408.  
 Practical Résume of Modern Methods Em-  
 ployed in the Treatment of Chronic  
 Articular Ostitis of the Hip, Stillman, 50.  
 Principles and Practice of Medicine, Osler,  
 701.  
 Principles of Bacteriology, Abbott, 199.  
 Pocket Pharmacy with Therapeutic Index,  
 Aulde, 490.  
 Surgery, Mansell-Moullin, 295.  
 Surgical Anatomy for Students, Shield, 253.  
 Surgical Disease of the Ovaries and Fallo-  
 pian Tubes, Sutton, 763.  
 Syphilis in Ancient and Pre-Historic Times,  
 Buret, 252.  
 System of Practical Therapeutics, Hare and  
 Chrystie, 493, 761.  
 Tartado Teorico Practico de Enfermadates  
 de la Garganta, Gomez de la Mata, 737.  
 Text-Book of the Eruptive and Continued  
 Fevers, Moore, 762.  
 Text-Book of the Practice of Medicine, Page,  
 762.  
 Trattato Elementaire di Farcacia Galenica  
 Centrale, Caudussio, 763.  
 Treatise on Bright's Disease of the Kidneys,  
 Millard, 760.  
 Treatise on Gynecology, Pozzileo Wells, 700.  
 Year-Book of Treatment for 1892, 764.  
 Bill, another medical, 406.  
 medical practice, 46, 81.  
 Birth of child during sleep of mother, 856.  
 Blackening of the teeth by antipyrine, 646.  
 Blistering the dorsal vertebræ in the treatment  
 of various neuroses, 476.  
 Bradford case, 349.  
 Brain abscess successfully treated by opening  
 the skull and drainage, two cases of, 412.  
 surgery of the, 14.  
 tumor, 828.  
 in the leg (cortical) center, 459.  
 with peculiar visual symptoms, case of,
- Bronchitis in whooping cough, 501.  
 Bronchial asthma, 173.  
 Bronchitis, acute, 103.  
 in children, 531.  
 Bronchio-pneumonia after tracheotomy, pro-  
 phylaxis of, 481.  
 of intestinal origin and its treatment, 822.  
 Bruises, black eyes, etc., local application for,  
 666.  
 Buboës, treatment of by injection of iodoform-  
 ized vaseline, 152.  
 Burns, dressing for, 815.  
 ointment for, 434.
- CACTUS GRANDIFLORUS and its thera-  
 peutic applications, 631.  
 in functional affections of the heart, 117.  
 in functional heart disease, 729.  
 Cæsarean section on account of eclampsia at  
 the end of pregnancy, 529.  
 Calculus in an infant, 11.  
 Calomel in typhoid fever, 292.  
 local application of in inflamed hemor-  
 rhoids, 443.  
 Camphorated oil, action of, 641.  
 Camphoric acid in night-sweats of pulmonary  
 tuberculosis, 561.  
 in phthisis and cystitis, 666.  
 Cancer, new treatment of, 290.  
 not caused by pessaries, 846.  
 of the cervix uteri, does cervical laceration  
 predispose to? 25.  
 of the testicle in a child, 410.  
 treatment of, 832.  
 vaginal hysterectomy for, 234.  
 Cannabis indica as an anodyne and hypnotic,  
 74.  
 Carbolic acid hypodermatically in traumatic  
 tetanus, 345.  
 to remove it from the hands, 606.  
 Carbonate of soda intra-venously in diabetic  
 coma, 694.  
 Carcinomata, inoperable uterine, treatment of  
 by chloride of zinc paste, 151.  
 Cardiac asthma, treatment of, 523.  
 ectasia of young persons, 319.  
 Carpus, total resection of by the dorsal method,  
 60.  
 Cascara sagrada as a purgative in children,  
 279.  
 elixir of, 464.  
 Case, an amusing, 43.  
 Castor oil, an aromatic, 481.  
 Castration, changes after, 68.  
 Cataract, curious cause of, 655.  
 Catarrh, chronic nasal, 68.  
 Catarrhal diseases, camphor-menthol in, 176.  
 laryngitis of bicyclists, 823.  
 Catheterization of the female bladder, 356.  
 Celluloid substitute for bone, 147.  
 Cephalalgia and asthma, 607.  
 Cerebral gout, 291.  
 Charity, medical, 152.  
 how to regulate, 186.  
 Chancres, soft, euphraphin in the treatment of,  
 108.  
 Cheese, digestibility of, 226.  
 Chemical cure for consumption and asthma,

- Chilblains, ulcerated, 109.  
 Child-birth, unusual mutilation in, 457.  
 Chlorhydrate of ammonia in the grippe, how to administer, 364.  
 Chloride of ethyl as a local anæsthetic, 278.  
 Chloroform anæsthesia, vomiting after, 631.  
     collapse, treatment of, 591.  
     compound elixir of, 103.  
     death from, 177.  
 Chlorosis, 275.  
     treated with copper, 242.  
     sulphur in the treatment of, 789.  
 Chorea in the hospitals of Paris, treatment of, 441.  
     discussion on, 585.  
 Choledochotomy, case of, 603.  
 Christian science(?), 695.  
     another victim of, 405.  
 Chronic catarrh of the small intestine, 796.  
     cystitis, 708.  
     of the urinary bladder, the use of strong solutions of nitrate of silver in obstinate cases, 35, 42.  
     diarrhœa in children, 553.  
     urethritis, diarrhœa, etc., decoction of whortleberry in, 243.  
 Chronic acid as a reagent in testing for albumen and bile, 823.  
     in syphilitic affections of the buccal cavity, 730.  
     in syphilitic ulceration, 416.  
 Chylous ascites and carcinoma of the pancreas, 63.  
 Cincinnati Hospital, 731.  
     thirty-first annual report of, 794.  
 Circumcisions, one hundred and fifty and the lessons they teach, 359, 364.  
 Clergyman's advice, 566.  
 Clergyman the advance trumpeter, 712.  
 Clinic, an out-door obstetrical, 484.  
 Coagulation of the blood, 733.  
 Cocainæ anæsthesia, new methods of obtaining, 551.  
     new method of employment in surgery, 705.  
     to dissolve, 737.  
 Cochlea, functional importance of the 544.  
 Cod-liver oil as a prophylactic in the grippe, 688.  
 Cold, 285.  
 Colds, are they infectious? 67.  
 Collapse, treatment of, 184.  
 Colombo in the convalescence of influenza, 394.  
 Combined chloral and morphine anæsthesia, 730.  
 Compound antiseptics, 708.  
 Compression of the carotids as a therapeutic measure, 418.  
 Congenital hernia, curious results of an operation for, 772.  
     encephalocele, 644.  
     tuberculosis, 283.  
     equino-varus, etiology and treatment of, 133, 147.  
 Consumption, creosote in, 218.  
     treatment of the larynx in, 328.  
     Dr. Amick's cure for, 634.  
 Convulsions, treatment of in children, 218.  
 "Cool sound" and its application in urethral diseases, 286.  
 Copaiba balsam as a diuretic, 562.  
 Copaiva in ascites due to cirrhosis of the liver, 758.  
 Coronilla in paroxysmal tachycardia, 476.  
 Coryza, 667.  
     abortive treatment of, 397.  
     treatment of acute, 632.  
 Counterfeit mummies, 458.  
 Counter-prescribing, 652.  
 Craniectomy, 293.  
 Creosote, 224.  
     in influenza, 373.  
 Cremation in France, 228.  
 Creolin-iodoform ointment, 209.  
 Creolin in suppurative processes, 632.  
 Criticism on some of the lesser gynecological operations, 411.  
 Croup, iodide of potash in, 692.  
 Cupid's battle with adipose, 226.  
 Curious wounds, 626.  
 Cutaneous absorption of drugs incorporated in fatty substances, 119.  
 Cyanide and tri-cyanide of gold in phthisis pulmonalis, 464.  
 Cyst, dermoid, 752.  
 Cystitis, treatment of by oxalic acid, 430.  
     medical treatment of, 113.  
     report of a case of, 687.  
     treated by injections of corrosive sublimate, 302.  
     in women, 812.  
 Cystoscope, value and application of, 640.  
 DANDRUFF, 324.  
 Death during anæsthesia, 796.  
     a physician's analysis of, 844.  
 Decline of eclecticism, 447.  
 Decolletée dresses, 422.  
 Degradation of the secular press, 742.  
 Delirium tremens, 176.  
 Dental cases, 274.  
 Dentists, systematic reading for, 673.  
 Department of public health, a bill to establish a, 89.  
     and the appointment of a secretary of public health, a petition to establish a, 84.  
 Dermatol in children's diseases, 590.  
     in iodoform, 371.  
 Dermoid cyst in the male, case of, 407.  
 Diabetes after extirpation of the pancreas, 451.  
     mellitus, double chloride of gold and sodium in, 45.  
     new clinical form of, 173.  
 Diabetic coma, treatment of, 46.  
 Diagnosis, case for, 393.  
     error in, 641.  
     telephone in, 95.  
 Diarrhœa, 279.  
     of children, 79.  
     treatment of with lactic acid, 401.  
     use of drugs in: indications for alkalies, acids, astringents and opiates, 799.  
     chronic, with intestinal fermentation, 79.  
 Digitaline in therapeutics, 552.  
 Digitalis and strophanthus, use of, 704.  
 Dilution, an extraordinary infinitesimal, 375.  
 Diplomas, new ruling in, 493.  
 Diphtheria, 344.  
     action of ice and ice water in, 356.

- Diphtheria and croup, 45.  
 germ theory in from the therapeutic point of view, 92.  
 Diphtheritis, potassium bichromate in, 109.  
 Dipsomania, 347.  
 Diseases, are they changing their form, 492.  
 of the brain and its membranes, contribution to the pathological anatomy of the retina and optic nerve in, 197.  
 Disinfectant, intra-uterine injection, 152.  
 Dispensary abuse, 217.  
 practice, regulation of, 525.  
 Displaced gall-bladder, 737.  
 District of Columbia medical practice bill, 674.  
 Diuretin, 217.  
 experiments with, 193.  
 in genito-urinary surgery, 120.  
 Doctor's retort, 534.  
 Doctor would not come, 452.  
 Drunkenness, 174, 316.  
 and crime, 187.  
 praise of, 32.  
 Duties of the doctor, 533.  
 Dysentery, treatment of, 92.  
 Dysmenorrhœa, 16.  
 viburnum prunifolium in, 730.  
 Dyspepsia from gastric hypersecretion and its treatment, 14.  
 with treatment based upon examination of the gastric juice, 708.
- EARACHE, 278, 356.  
 Ear-disease, abuse of the Politzer inflation in the treatment of, 410.  
 Early development of the sexual organs in a child, 664.  
 Eczema and chronic crural ulcers, treatment of, by Unna's zinc and gelatine dressing, 757.  
 humid, nitrate of silver in, 107.  
 impetiginosum of the face and scalp during dentition, 15.  
 of the vulva, 373.  
 Effect of ice-bags in amputation, 827.  
 Eighteen months' pregnancy in imperforate half of a uterus bicornis unicollis, 417.  
 Elixir of cocaine, 279.  
 Emetine in the treatment of diarrhœas from indigestion, 372.  
 Empiricism, regulation of, 524.  
 Empyema, two cases of, quickly following pleural effusions, 829.  
 Endometritis, treatment of, 600.  
 Enteric fever, an outbreak of, apparently traced to an antecedent case after an interval of twelve months, 766.  
 Enteritis and broncho-pneumonia, 600.  
 Epididymitis, some observations upon the treatment of, 29.  
 Epilepsy, sulfonal in the treatment of, 748.  
 supplementary report of a case of, 271.  
 Epsom salts, fatal poisoning by, 458.  
 Erysipelas albumose, in diphtheria, injection of, 384.  
 collodion in, 821.  
 ichthyol in the treatment of, 12.  
 local application of essence in, 372.  
 Essence of cassia as an antiseptic, 688.  
 Ethereal extract of male fern, how to administer, 542.
- Ethics and equity, question of, 348.  
 Euphorin in gynecological practice, 197.  
 Europhen, 121.  
 Exalgine, 259.  
 Exanthemata, salve to remove the itching of, 694.  
 Exophthalmic goitre, 292.  
 Expert testimony in relation to medical subjects, 220.  
 Eye-strain, and disease, 739.
- FEEDING of infants in France, 770.  
 Femur, osteo-sarcoma of, 75.  
 Fibrinous pneumonia, inhalations of the essence of turpentine in, 219.  
 Fibroid tumor of the fallopian tube, 387.  
 Fibro-myomatous uterus, complete extirpation of, by abdominal section, with closure of the vagina, 430.  
 Field hospital appliances of the U. S. army, 622.  
 Fissures of the breast, aristol in, 372.  
 of the nipple treated by aristol, 185.  
 of the tongue, 265.  
 Fistulæ, tuberculous lactic acid crayons in the treatment of, 575.  
 Forgotten compress, history of, 637.  
 Formula for the wine of coca, 394.  
 Fracture of the ischium during labor, 801.  
 compound, a new treatment for, 6.  
 of the humerus involving the elbow-joint, treatment of, 58.  
 Fraud, a book-agent, 84.  
 French medical clippings, 240.  
 Function and pathology of the adenoid tissue, 618.  
 Furuncles and felons, abortive treatment of, 632.
- GALL-STONE colic, belladonna in, 758.  
 Gall-stones, frequency of, 62.  
 glycerine in the treatment of, 792.  
 Gangrene, on carbolic, 30.  
 Gastralgia, 46.  
 Gastric digestion, physiology of, 54, 256.  
 diseases, diagnosis and treatment of, 800.  
 Gastritis, resorcin in, 179.  
 Gelatine discs in the eye, use of, 724.  
 General paralysis of the insane, some points in the symptomatology of, 749.  
 Glottis, spasm of the, 79.  
 Goitre, enucleation for sixty-two cases of, 126.  
 Gold, therapeutics of, 598.  
 Gonorrhœa, 38.  
 bicarbonate of soda in, 585.  
 Gonorrhœal cystitis, 411, 597.  
 Gonorrhœic orchio-epididymitis, acute, treatment of, 17.  
 Good roads and highways, 634.  
 Grafting ulcers, improved method of, 115.  
 Granular lids, surgical treatment of, 223, 703.  
 Graves' disease, treatment of, 578.  
 Grippe, creosote in, 332.  
 hyposulphite of soda in, 366.  
 pneumonia, 400.  
 thrush of the pharynx and nose in an adult occurring during an attack of, 229.  
 Guaiacol in phthisis, 444.  
 Gunshot wound of the liver, case of, 103, 217.  
 Gynecological tinkering, 389.

Hand, spontaneous discoloration of, 63.  
 spray in the treatment of fevers, 451.  
 Hair-pin from the bladder, to extract a, 484.  
 Heart tonic, new, 168.  
 Hemicrania, 279.  
 Hemorrhage after cocaine in tonsillotomy and  
 extraction of teeth, 666.  
 mixture for, 850.  
 treatment of by atropine, 846.  
 Hemorrhoids, Allingham's ointment for, 736.  
 Hemostatic, atropine as a, 46.  
 Hepatic colic, 394.  
 Hernia, a scientific cure for, 506.  
 radical operation for in Billroth's clinic  
 from 1877 to 1889, 28.  
 strangulated, local application of ether in,  
 130.  
 Herniotomy, report of twelve cases of, 813,  
 817.  
 Herpes zoster, to calm the itching of, 183.  
 Hindoo female physician, 358.  
 Hospitals of Cincinnati, 95.  
 Hydrocephalus in children, operative treat-  
 ment of, 196.  
 Hyoscine as a mental alterative, 224.  
 Hyperchloridria, 337.  
 Hypertrophic cirrhosis of the liver, case of,  
 616, 626.  
 of the liver and visceral fibrosis, with table  
 of autopsies, 607, 626.  
 rhinitis with loss of smell, treatment of,  
 823.  
 Hypertrophy, cardiac, 26.  
 of adenoid tissue at the vault of pharynx,  
 263, 272.  
 Hysterectomy, supra-vaginal, 39.  
 Hysteria and neurasthenia, cardiac pains in,  
 treatment of, 476.  
 ICHTHYOL in female diseases, observations  
 in reference to the use of, 642.  
 in sore nipples, 481.  
 in urethritis, 846.  
 Incrustations on permanent catheters and how  
 to dissolve them, 522.  
 Indiana State Medical Society, 635.  
 Infant-feeding, 101.  
 Infective diseases, the cure of, 851.  
 Inflammation of the neck and bladder in  
 women, 280.  
 Influence upon a nursing child of food and  
 medicines administered to the mother,  
 831.  
 Influenza, 33, 233, 343, 505.  
 and pelvic cellulitis, 386.  
 bacillus, 157.  
 camphor in, 17.  
 nervous and mental phenomena and se-  
 quelæ of, 136.  
 on some painful affections following, 253.  
 Professor Nothnagel on the present epi-  
 demic of, 44.  
 prophylaxis in the treatment of, 354.  
 treatment of, 183.  
 vaccination as a prophylactic against, 160.  
 Inhalations of menthol in tracheitis, 523.  
 Iodide of potash as a cicatrizing, 334.  
 in chorea, 584.  
 Iodoform in solid goitre, 686.

686.  
 Insanity, pathological anatomy of, 163.  
 Insomnia of alcoholism, 355.  
 Instruments, sterilization of, 771.  
 Insult to the medical profession of Ohio, 373.  
 International Periodical Gynecological and  
 Obstetrical Congress, 350.  
 Intermittent fever, how to administer quinine  
 in, 342.  
 Intestinal complications from delayed opera-  
 tion in suppurative diseases of the uter-  
 ine appendages, 327-336.  
 disturbances of children, 362.  
 infection in tuberculosis, 716.  
 Intestine, submucous resection of, 129.  
 Intra-pulmonary injections of thymol in pul-  
 monary gangrene, 312.  
 Intubation of the larynx, 6, 13, 125.  
 Is this the medicine of the future? 846.  
 JEFFERSON Medical College, 556.  
 John Hopkins University, 268.  
 KEELEY and his cure, 711.  
 cure, 312.  
 sued, 744.  
 Knee-jerk, 356.  
 LABORATORIES of hygiene, 453.  
 Labor, case of, 75.  
 chloroform in, 136.  
 Lacerated perineum, position of patient and  
 time for repairing the, 391-396.  
 Lactic acid in gout as a prophylactic, 371.  
 Ladies as medical students, 532.  
 La grippe, a discussion on, 180.  
 discussion on and its relation to the pres-  
 ent epidemic, 236.  
 nervous and mental complications of,  
 69-77.  
 ode to, 167.  
 Language of animals, 449.  
 Laparotomy, successful case of for intestinal  
 perforation in typhoid, 128.  
 under cocaine, 529.  
 Laryngismus, a complication of rachitis, 745.  
 Laryngitis chronic, treatment of, 279.  
 Larynx, benign tumors of, 204.  
 sense of taste in, 641.  
 Lateral anastomosis of the ileum for malignant  
 stricture, with a discussion of the oper-  
 ative technique, successful case of, 510.  
 Lavage in chronic gastric disease, 601.  
 Lawyers and doctors, 533.  
 Laxative for children, 694.  
 Lead colic, atropine in, 184.  
 poisoning, report of a case of, 499.  
 Legislative situation, 321.  
 Legislature of Ohio, 555.  
 Leprosy, 355.  
 non-contagiousness of, 198.  
 recent notes on, 67.  
 Leucorrhœa, uncomplicated treatment of, by  
 helenine, 527.  
 Ligation of silk passed by the urethra one year  
 after an ovariectomy in which there was  
 a double pedicle, 234.  
 Light as an anæsthetic, 228.  
 Liniment, 198.

- Litholapaxy in children, 415.  
 Lithotomy, perineal and supra-pubic, on the relative value of, 414.  
 Lithotrity in children, 130.  
 Liver, antiseptic functions of the, 58.  
   diseases, milk diet and intestinal antiseptics in, 590.  
 Local anæsthesia, new method of procuring, 765.  
   disease, magnification of, 65.  
 Lost!—an editor, 445.  
 Lunacy Commission Bill, 246.  
   State, Commission in, 110.  
 Lupus erythematosus, of the face and eyelids, treatment of, 471.  
   of the nasal mucous membrane, treatment of, 443.  
   treated by tuberculin, report of a case of, 423-445.  
   treatment of, 184.  
 Lysol, 224.
- MADAME LA CHAPELLE, 420.**  
 Maggots in the nasal cavity simulating meningitis, 798.  
 Malaria, diagnostic value of the plasmodium of, 117.  
 Malthusian, a too zealous, 228.  
 Man with a musical anus, 834.  
 Margarin from butter, to distinguish when the two are mingled, 228.  
 Massage, value of histologically demonstrated, 768.  
 Maternity, early, 132.  
 Meddlesome midwifery, 751.  
 Medical colleges, 554.  
   college commencements, 406.  
   colleges of the United States, 606.  
   editor of daily papers, 449.  
   education in Turkey, 260.  
   myths, 535.  
   nihilism, 743.  
   science, ideality of, 446.  
 Medicinal peroxide of hydrogen and glycozone, 706.  
 Mercury, abuse of in the treatment of diseases of the eye, 705.  
 Metastatic cancer, 336.  
 Methyl-blue in acute Bright's disease, 847.  
 Methylene blue, therapeutic uses of, 258.  
 Metritis as an initial lesion in pelvic disease: its complications and treatment by electricity, 308.  
 Microbes, beneficent, 105.  
 Milk: is its sterilizing necessary? 736.  
 Minor surgical gynecology at the Kensington Hospital for Women, a year's work in, 471.  
 Mixture, an anti-neuralgic, 370.  
   for hemorrhage, 444.  
 Moliere and Gui Patin, 276, 337, 367, 308, 435, 477.  
 Morphine in acute poisoning by cocaine, 244.  
   in uræmia, 471.  
   parties in Paris, 744.  
 Mortality caused by wild animals in India, 262.  
 Morton lecture on cancer and cancerous diseases, 759.  
 Mushroom poisoning, 632.  
 Mydriatics, employment of, 219.
- Myopia among Jews, 709.
- NAPHTHALIN** in the treatment of whooping-cough, 731.  
 Nasal and naso-pharyngeal reflexes, surgery for the relief of, 97, 104.  
   septum, spurs on the, 209, 216.  
 Naso-pharyngeal and laryngeal syphilis, 316.  
 Nausea, 164.  
 Needle, to extract from the foot, 109.  
 Nephritis, acute, 93.  
   washing out the stomach in, 185.  
   scarlatina, prophylaxis against, 603.  
 Nephrolithotomy (following nephrectomy) for total suppression of urine, 192.  
 Neuralgia, 181.  
 Neuralgias after influenza treated by diaphoresis, 633.  
 Nitrate of silver in actinomycosis of the skin and soft parts, 606.  
 Nitro-glycerine in morphine poisoning, 694.  
 Nodose rheumatism in children, 638.  
 Non-septicity of the vagina, 563.  
 North Carolina letter: unique case of poisoning; climate of Asheville; care of consumptives, 433.  
 Novel cause of death, 731.  
 Nutrition, 575, 719.
- OBITUARY:**  
 John A. Thacker, M.D., 51, 190.  
 John H. Tate, M.D., 249.  
 Robert S. Gilcrest, M.D., 357.  
 D. Hayes Agnew, M.D., 449.  
 R. M. Byrnes, M.D., 849.  
 Obstetrical bundle, 565.  
 Obstetrics and gynecology, report on, 783.  
   a few cases from my experience in, 840.  
 Obstetric forceps, proper method of applying, 386.  
 Obstructive disease of the lachrymal passages and the associated intra-nasal lesions, 656.
- Œdema** of the glottis, probable case of, 12.  
**Œsopus**, 79.  
 Ohio State Medical Society, 376, 484, 556.  
 Ointments, 652.  
 Operations on the digestive tract in the abdomen, 318.  
   for empyema, with report of a case, 464.  
 Operative treatment of hip-disease, 653.  
 Opium slaves, who makes the, 388.  
 Osmic acid in goitre, 549.  
 Otalgia, 106, 244.  
 Otitis media and its complications, 639.  
 Ovarian cyst, fatal rupture of in an infant, 114.  
   cysts in infants, 852.  
 Oxygen per rectum and hypodermatically, 599.  
   pure, to obtain rapidly, 225.  
 Ovary, to operate on without destroying the procreative functions, 579.  
 Ozæna, 152.  
   treatment of, by pyoctanine and lanoline salve, 185.  
   treatment of, 442, 822.
- PÆDIATRICS**, dosage and indications of the more important antipyretics in, 107.  
 Pachydermia laryngis—chronic dry laryngitis, treatment of, 45.

- Pain, treatment of, 150.  
Painful inflammation of external auditory meatus, 604.  
Pan-American Medical Congress, 260, 486.  
in New York State, 350.  
international executive committee of the, 112.  
Paracresotat of soda in the intestinal catarrh of children, 542.  
Paralysis of the arm caused by pressure, 129.  
Paraplegia; recovery, 815.  
Parasite of irregular malarial fevers, 322.  
Paris letter, 333.  
Parisian medical chit-chat, 148, 181, 518, 586, 665, 727, 785, 789, 844.  
Paroxysmal inebriate, management of, 91.  
Parturition, the effect of trachelorrhaphy upon, 764.  
Party lines, are they disappearing? 403.  
Pasta cerata as a salve base in the treatment of wounds, 371.  
Pasteur treatment, failure of, 198.  
Pathological Specimens, 237.  
Pathology, a chair of in Rush Medical College, 450.  
of vertigo, 415.  
Peculiar knee-joint, 815.  
Pediculi pubis, treatment of, 821.  
Pelvic suppuration, vaginal hysterectomy for, 62.  
Perineal section, 558.  
Perineum, a few practical points concerning the repair of the, 1, 8.  
Peritonitis, acute, early operative interference in, 195.  
ichthyol in, 798.  
Peroxide of hydrogen, impurities in commercial samples of, 223.  
in intestinal disease, 678.  
in purulent cavities and fistulæ, 787.  
Perversion of official functions, 189.  
Pharyngitis, chronic, 118.  
Phenacetin in insomnia, 591.  
Phenate of cocaine, 589.  
Phosphorus poisoning, treatment of, 107.  
Phthisis, creosote in the treatment of, 713, 722.  
new remedy for, 212.  
Physical hygiene and the bicycle, 802.  
Physicians' signs, 389.  
Piperazine in gout, 366.  
Piperidine, 78.  
Pills, compound purgative, 244.  
Pill, purgative and diuretic, 278.  
Pilocarpine in the status epilepticus, 433.  
Pityriasis versicolor and herpes tonsurans, oil of turpentine in, 370.  
treatment of, 469.  
Pleuritic effusions, treatment of, 798.  
exudations, action of salicylate of soda on, 44.  
Pleuritis, 79.  
Pneumonia, abortive treatment of, 258.  
acetate of lead in, 244.  
camphor and acetanilid in, 152.  
of the grippe, treatment of the, 522.  
the production of immunity against and its cure, 56.  
Pneumonic patients, beverage for, 397.  
Poison theory and phagocytosis, 324.  
Poisoning, case of with phenacetin, 562.  
Politics, medical profession in, 652.  
Post-mortem report, 363.  
Post-partum eclampsia, 319.  
hemorrhage, two cases of, 201, 212.  
Potassium bromide, influence of on the course of experimental tuberculosis, 59.  
Potts' disease, spinal surgery in, 27.  
Practice, licensed to, 167.  
Pregnancy, supposed case of extra-uterine, 12.  
to determine, 41.  
Presbyterian Eye, Ear and Throat Charity Hospital of Baltimore, 738.  
President's annual address, 679.  
cabinet, shall we have a national medical officer in the? 80.  
Premature labor, induction of by glycerine, 601.  
Prevention of mammary abscess, 560.  
Primary epithelioma of the auricle, 687.  
Problems, some nineteenth century medical, 17.  
Procedure for the extraction of necrotic bone, 479.  
Prognosis in mania, 290.  
Prohibitive laws, 111.  
Prolapse of pregnant uterus; extra-abdominal delivery at term, 417.  
Prophylaxis of scarlatinous nephritis, 364.  
Prostate and bladder, new operation on, 126.  
Proteids, absorption of, 25.  
Pruritus, 239.  
ani, 370.  
Psoriasis and the new remedy, gallacetophenone, 578, 583.  
Ptomaines, to extract from urine, 161.  
Public health, secretary of, 155.  
Pumpkin seed in the treatment of tapeworm, 721.  
Punishment of confirmed criminals, 592.  
Purgative injection, 233.  
Pure food: a Congressional bill to that effect, 667.  
Pyloric pain of dyspeptics, 402.  
Pyocetanin in the treatment of malignant tumors, 150.  
Pyosalpinx, conservative treatment of, 560.  
double, in a child a year and nine months old, 95.  
report of three cases of, 432.  
not always due to gonorrhœa, 315.  
two cases of, with exhibition of specimens, 470.  
**QUININE**, formula for the administration of to children, 372.  
indications for, 55.  
**RAMROD** through the brain, another case of, 765.  
Rectal feeding, eggs in, 334.  
Reducible hernia, by alcoholic injections, results of treatment of, 291.  
Regulation, a wise, 848.  
Relation of albuminuria to surgical operation, 288.  
of medicine to sociology, 320.  
Relations between bacterial poisons and immunity and cure of infective diseases, 559.  
between chorea and epilepsy, 843.  
Removal of the appendages for insanity, 313.

lepsy, 313.  
 of sarcoma of the mesentery, 287.  
 of the tubes and ovaries, remote result of, 832.  
 Renal calculi complicated by pyonephrosia, double nephrolithotomy for, 163.  
 Reputation, our abroad, 83.  
 Resection of the elbow-joint, a new method for, 289.  
 of the elbow-joint, new method for, 60.  
 of the liver, 740.  
 Respired air, route of through the nose, 119.  
 Responsibility, measure of in criminal cases, 245.  
 Rheumatic crico-arytenoid arthritis, acute, 583.  
 Rheumatism, new remedy for, 544.  
 treatment of acute in the Paris hospitals, 850.  
 Rooms, disinfection of, 51.  
 Round ulcer cured by Kefir, 575.  
 Rupture of the uterus, 419.

**SALICYLATE** of soda in diabetes mellitus, 370.  
 in pleuritic exudations, 259.  
 Salipyrine in rheumatic affections, 344.  
 Saliva and pathogenic micro-organisms, 604.  
 Salivary calculus, case of, 332.  
 Salol, principal therapeutic application of, 400.  
 Salts of strontium, 800.  
 Salve for the treatment of exfoliative marginate glossitis, 462.  
 to quiet the itching of measles, scarlatina and chicken-pox, 332.  
 Scarlet fever, specific for, 667.  
 Sciatica, arsenic in, 633.  
 successful treatment of, 773-787.  
 Shick, Dr. Karl Virchow, 349.  
 School-boy's composition on bones, 261.  
 Sclerosis, posterior spinal, 169.  
 Scrofulous rhinitis of children, aristol in, 279.  
 Scrotal hernia reduced after three weeks' manipulation, 509.  
 Sea-sickness, the cause of, 851.  
 Secret remedies, 402.  
 Self-induced abortion by a glass rod, 830.  
 Sensibility, return of after fourteen years' loss, 602.  
 Services, shall clergyman pay the physician for, 492.  
 Sexual perversion, 154.  
 Shurly-Gibbes method of treatment of phthisis, 350.  
 Sick pay for insurance nurses, 31.  
 Singultus, treatment of, 812.  
 Skin-clinic of the Miami Medical College of Cincinnati, Ohio, for three years ending August 1, 1891, report of, 232-234.  
 Skin, on bony deposits in the, 385.  
 Society for the help of discharged lunatics, 350.  
 Soft chancres and suppurating buboes, treatment of, 589.  
 goitre, treatment of by parenchymatous injections of iodoform, 821.

Southwestern Ohio Medical Association, 400.  
 Spasmodic wry-neck, new operation for, 284.  
 Specimen of an unusually large post-nasal polypus, with report of case, 469.  
 Spermatozoa, favorable time for impregnation, 602.  
 Spinal surgery, 122.  
 Spine, fracture of, 815.  
 Staffordshire-knot in vaginal tampons, 528.  
 Staphylococcus pyogenes, simultaneous existence of two substances in, cultures of, 26.  
 State board sustained, 167.  
 Statistics, some startling, 32.  
 Stomatitis, mercurial prophylaxis and treatment of, 107.  
 Strange medico-legal case, 710.  
 Strontian salts in therapeutics, 278.  
 Strychnine in the treatment of diphtheritic paralysis of the palate, 444.  
 Subcutaneous injection for gonorrhœal rheumatism, 591.  
 Substances incompatible with antipyrine, 836.  
 Successful resection of gangrenous bowel for incarcerated inguinal hernia, 232.  
 Suggestions, 281.  
 Suicides among physicians, 712.  
 Suit against Dr. Wm. Judkins, 376.  
 for damages, 326.  
 Sulfonal, effects of the administration of, 417.  
 Sunken noses, an operation to raise, 635.  
 Suppuration processes, Frænkel's pneumococcus in, 91.  
 Supra-pubic cystotomy, report of a case of, 630.  
 Surgeon-general, library of, 449.  
 Suture, new form of, 296.  
 Sutures, rat-tail, 57.  
 Sweating feet, 109.  
 Sycosis, formula for, 505.  
 treatment of, 757.  
 Sympathetic morning sickness in the male, verbal report of a case of, 395.  
 Syphilis, arsenic in, 336.  
 causes of failure to abort by excision of the initial lesion, 409.  
 points on, 118.  
 therapeutics of, 162.  
 Syphilitic men, should they continue in practice, 421.  
 "tripper," or gonorrhœa, 222.  
 Syringomyelia, 129.

**TAPEWORM** expellers, 692.  
 Tendons, treatment of divided, 837.  
 Teucrium scordium in pruritus ani, 716.  
 Tetany of gastric origin, 164.  
 Tetanus cured with the tetaus antitoxine, 146.  
 treatment of by tetanus antitoxine, 285.  
 Thilanine, a lanolin derivative, 78.  
 Thimble, danger in the, 93.  
 Thumenol in skin diseases, 243.  
 Tincture of colombo in diarrhœa, 480.  
 Tobacco smoking, defence of, 565.  
 Tonic wine of the extract of the kola nut, 549.

S  
 S  
 S



- Tracheotomies and intubations, report of a series of, 497, 502.  
 Tracheotomy and intubation, 706.  
 Training-schools in the Cincinnati Hospital, 345.  
 Traumatic aphasia by counter-stroke, 502.  
     pneumo-thorax, 840.  
 Trendelenberg's position, what is it in gynecology? 579.  
 Trial, impending medical, 532.  
 Trichloracetic acid, 317.  
 Trigemini, neuralgiæ of the, 109.  
 Triumphs, sanitary, 94.  
 Trousseau, the heroic end of, 844.  
 Tubercle bacillus, action of the products of, 161.  
     bacilli in the sputum, new method for detection of, 64.  
 Tubercular infection of the fetus in utero, 739.  
     peritonitis, surgical treatment of in children, 831.  
 Tuberculin, 33.  
     action of on rabbits, 646.  
 Tuberculocidin, a remedy for tuberculosis, 797.  
 Tuberculosis, creosote in, 59.  
     gold and manganese in, 189.  
     infectivity of, 413.  
     in a giraffe, 707.  
     local, injections of iodoform in, 7, 78.  
     of bone, 805.  
     of bones and joints, treatment of by parenchymatous and intra-articular injections, 127.  
     of the bladder, injection for the treatment of, 443.  
     of the testicle treated by interstitial injections of camphorated naphthol, 244.  
     on primary, 682.  
     treatment of with cinnamyllic acid, 550.  
 Tuberculous cervical glands, on the surgical treatment of 383.  
     infection, predisposition to, 283.  
 Tumor, large fibroid, report of a case of total extirpation of the uterus for, 463.  
 Turpentine in icterus, 279.  
 Typhilitis and perityphilitis, abortive treatment of chronic tuberculous, 343.  
 Typhus fever, 349.  
 Typhoid fever, a mode of infection of, 20.  
     and the streptococcus, on mixed infection by the, 323.  
     cold water externally in, 342.  
     boracic acid in, 319.  
     lactic acid in, 271.  
     sources of infection in, 647, 654.  
     treatment of, 118.  
 ULCER of the leg, extirpation of varicosities for, 130.  
 Ulcers, treatment of, 78.  
 Umbilical fæcal fistula in an infant cured by operation, 531.  
 Uræmic coma and convulsions, treatment of, 599.  
 Urethral caruncle, 768.  
 Urethritis, ichthyol in, 846.  
 Urine after sulfonal, 243.  
 Uterine fibroids, electricity in the treatment of, 104.  
 VACCINATION, 68.  
 Vagina, primary sarcoma of, 418.  
 Vaginal hysterectomy in pelvic suppuration, 704.  
 Valedictory address, 675.  
 Valerianic ether, therapeutic properties of, 194.  
 Varicocele, subsequent results of simple resection of the scrotum as a treatment of, 412.  
 Venereal practice among men, unexpected result of building up a, 638.  
 Vesical calculi, modern treatment of, 482.  
 Viburnum prunifolium in cramps of the leg muscles, 302.  
 Vice, the most recent crusade against, 854.  
 Virginia court decision, 634.  
 Virus, transformation of, 59.  
 Volume, the end of the, 847.  
 WATER WORKS, 280.  
     new, 247.  
 Weak labor pains, treatment of, 530.  
 Weapons and explosives, new military, 490.  
 What next? 47.  
 Whooping-cough, 109, 277.  
     folk-lore, remedy for, 132.

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